ANNUAL REPORT

1965 – 1966

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
SAN FRANCISCO, CALIFORNIA 94102

September 8, 1966

Through Mr. Thomas J. Mellon
Chief Administrative Officer

The Honorable John F. Shelley
Mayor
City and County of San Francisco

Dear Mayor Shelley:

Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith.

This report reflects the activities of the more than 3,500 employees of the Department and the support of hundreds of professional and lay volunteers who have given thousands of hours to helping us meet our responsibilities to the people of San Francisco. It indicates certain elements of progress that have been made toward our long range objectives, and indicates also areas that are as yet unmet and toward which we must move immediately.

The passage of the bond issue for the construction of a new San Francisco Medical Center to replace San Francisco General Hospital was one of the highlights of the past year, and our professional staff and others are working with the architects to develop a facility that will be adjustable to future needs.

The reorganization of our Public Health Centers into five districts has progressed well. We have moved into one of our newly completed Centers in District #1, located in Eureka Valley. Health Center #2, in the Westside District, will be completed in a few months, and the new Health Center for the Bay View area in District #3 will be opened during the fiscal year 1966-67. Construction of the new Health Center for the Sunset District in District #5 will commence, we hope, near the end of the current fiscal year.

A reorganization and redirection of emphasis of our Mental Health Services has been accomplished under our new Program Chief.

The advances made would not be possible were it not for the support of the Health Advisory Board appointed by the Chief Administrative Officer, the Mental Health Advisory Board appointed by the Board of Supervisors, and the close working co-operation we have had from the Chief Administrative Officer, the Board of Supervisors, and many of the departments of City Government, as well as from your office.

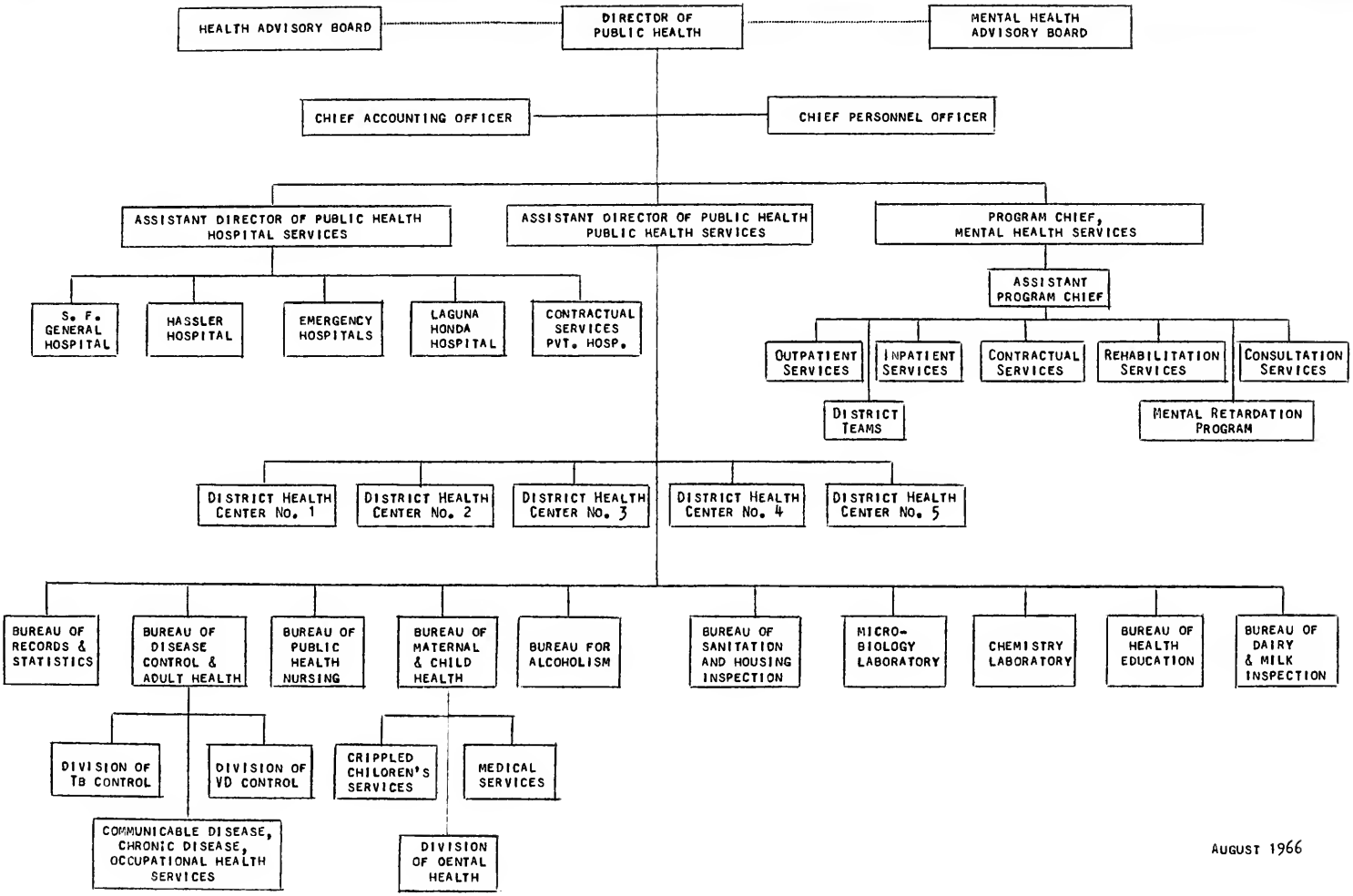
Very truly yours,

ELLIS D. SOX, M. D.
Director of Public Health

Attachment

CONTENTS

ORGANIZATION OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



AUGUST 1966

BUREAU OF RECORDS AND STATISTICS

BIRTH AND DEATH REGISTRY

During the fiscal year 1965-66, the number of births registered was 16,986, or 9.2% less than the 18,714 registered the previous fiscal year. Recorded deaths increased 5.0% from 9,828 in 1964-65 to 10,315 in 1965-66. Fetal death registration declined to 222 from 230 for the same period.

Revenue for the fiscal year 1965-66 showed an overall increase of 10.4% to $148,646 from $134,626 for 1964-65. The amount for certified copies of births increased 15.5% to $54,169 in 1965-66 from $46,899 in 1964-65. The money collected for certified copies of deaths increased by 8.2% and the fees collected for removal permits increased by 3.7%. Income for certified copies of deaths was $83,984, for removal permits $10,401, and for searches $92. There was an increase of 5.7% in the overall number of fees waived; free copies of birth certificates increased 3.0% and deaths increased 7.8%.

	FISCAL YEAR			Change 1965-66	Percent
REGISTRATIONS	1963-64	1964-65	1965-66	From 1964-65	Change
Births	19,870	18,714	16,986	-1728	- 9.2
Deaths	10,250	9,828	10,315	487	5.0
Fetal Deaths	241	230	222	- 8	- 3.5
CERTIFIED COPIES	65,640	66,923	74,045	7,122	10.6
Births	23,649	25,461	29,144	3,683	14.5
Deaths	41,991	41,462	44,901	3,439	8.3
TOTAL FEES COLLECTED					
	$132,070	$134,626	$148,646	$14,020	10.4
Certified copies of births	42,868	$ 46,899	$ 54,169	$ 7,270	15.5
Certified copies of deaths	$ 78,658	$ 77,616	$ 83,984	$ 6,368	8.2
Removal permits deaths & fetal deaths	$ 10,456	$10,027	$ 10,401	$ 374	3.7
Receipts for Searches	$ 88	$ 84	$ 92	$ 8	9.5
FEES WAIVED	4,830	4,759	5,030	271	5.7
Births	2,168	2,052	2,113	61	3.0
Deaths	2,662	2,707	2,917	210	7.8

The provisional estimate of San Francisco population for July 1, 1965, made by the California State Department of Finance was 750,500, a decrease of 5,200 or 0.7% from the 1964 estimate of July 1, 1964 and an increase of 10,184 or 1.4% from the April 1, 1960 census figure of 740,316.

At this time, birth and death rates for nearby counties for 1965 are not available. Rates for 1964 and 1965 for all jurisdictions except San Francisco are provisional.

BIRTH RATES PER 1,000 POPULATION

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.2	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.5	20.5	18.9	18.5	17.5	18.7
1965	19.4	19.2	N.A.	N.A.	N.A.	16.4	N.A.

DEATH RATES PER 1,000 POPULATION

1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1965	9.4	8.3	N.A	N.A	N.A	12.9	N.A

Tentative estimates for California and the United States for 1965 continue the downward trend in crude birth rates that began in 1957. However in all jurisdictions the number and rate for marriages continued to increase and in the next two or three years, the downward trend in both number and rate of births may be reversed.

Resident births in San Francisco decreased to 12,300 (estimate - figure should be available by August 15th) or 7% fewer than in 1964. Resident deaths increased to 9,704, or 1.1% over the 1964 figure of 9,598.

TABLE 1 shows deaths from important causes for the U.S. and San Francisco in 1965 and California for 1964. Crude death rates for the U.S. and California remained about the same in 1965 as in 1964 but the rate for San Francisco increased to 12.9 from 12.7 the year before. Heart diseases, cancer and vascular lesions of the central nervous system were the first three leading causes with San Francisco havint the highest rates, the U.S. second and California third. Cirrhosis of the liver, third cause in San Francisco, was seventh in California and ninth in the U.S. Accidents, the traditional fourth cause, were fifth in San Francisco in 1965 although the rate in San Francisco was higher than in other jurisdictions. Influenza and pneumonia increased slightly in the U.S. and California but decreased in San Francisco. Suicides, the seventh cause in San Francisco were eighth in California and tenth in the U.S. ranking. Certain diseases of early infancy declined in all three jurisdictions, remaining in eighth, fifth and sixth places respectively. Emphysema, ninth cause in San Francisco in 1964, was replaced by arteriosclerosis in that rank in 1965; the latter disease continued in seventh place in the U.S. Diabetes was eleventh in San Francisco and California and again in eighth place nationally. Although the tuberculosis death rate increased slightly in 1965 it was well down on the list.

TABLE 1
DEATHS FROM IMPORTANT CAUSES
SAN FRANCISCO, CALIFORNIA* AND UNITED STATES, 1965

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.*	U.S.	S.F.	Cal.*	U.S.	S.F.	Cal.*	U.S.
ALL CAUSES	-	-	-	1293.0	826.8	941.6	100.0	100.0	100.0
Heart diseases	1	1	1	467.6	313.3	364.7	36.2	37.9	38.7
Malignant Neoplasms	2	2	2	248.9	136.5	152.9	19.2	16.5	16.2
Vascular Lesions, C.N.S.	3	3	3	130.2	86.7	104.6	10.1	10.5	11.1
Cirrhosis of Liver	4	7	9	73.0	19.5	12.5	5.6	2.4	1.3
Accidents	5	4	4	62.8	54.5	55.2	4.9	6.6	5.9
Influenza and Pneumonia	6	6	5	35.8	27.1	31.6	2.8	3.3	3.4
Suicides	7	8	10	27.4	16.7	11.6	2.1	2.0	1.2
Certain Diseases of Early Infancy	8	5	6	24.9	27.6	28.3	1.9	3.3	3.0
Arteriosclerosis	9	9	7	25.7	15.8	19.4	2.0	1.9	2.1
Emphysema	10	10	11	20.4	12.6	10.3	1.6	1.5	1.1
Diabetes	11	11	8	17.1	10.1	17.1	1.3	1.2	1.8
Aortic Aneurysms	12	13	14	12.5	7.2	5.3	1.0	0.9	0.6
Ulcers of Stomach and Duodenum	13	14	14	10.9	5.8	5.3	0.8	0.7	0.6
Congenital Malformations	14	12	12	9.1	9.9	9.9	0.7	1.2	1.1
Homicide	15	15	16	8.5	4.4	5.1	0.7	0.5	0.5
Tuberculosis	16	19	19	8.1	3.2	4.2	0.6	0.4	0.4
Infections of Kidney	17	15	18	7.2	4.4	4.9	0.6	0.5	0.5
Hernia and Intestinal Obstruction	18	15	17	6.9	4.4	5.0	0.5	0.5	0.5
Nephritis, Chronic and Unspecified	19	18	13	5.7	3.9	5.5	0.4	0.5	0.6
All Other Causes	-	-	-	90.2	63.2	88.2	7.0	7.7	9.4

SOURCES:
San Francisco: Department of Public Health Records
California: Communication from State Department of Public Health
* 1964 Provisional Figures
U.S.: Monthly Vital Statistics Report, Vol. 15, No. 1, April 1, 1965 Provisional Statistics for 1965.

PERSONNEL DIVISION

The Personnel Office is responsible to the Director of Public Health for administration of a personnel program legally and in a way to obtain the most effective possible utilization of employees in fulfilling the objectives of the Department of Public Health. This requires coordination with officials and individuals within the Department and with other governmental agencies outside of the Department, including the Civil Service Commission. The Personnel Office supervises compliance with the regulations and policy, and recommends improvements of programs and procedures on matters pertaining to utilization of personnel.

A shortage of qualified personnel in the following classifications has created problems in the Department during the past fiscal year:

Registered Nurses
Social Workers
Psychiatric Social Workers
Physician-Specialists

The Civil Service Commission has announced continuous examinations for these classes, but recruitment has not eliminated all of these vacancies. The reasons for these vacancies are: high turnover rate, relative scarcity of qualified people, and increasing demand. Plans for training of less qualified people and for intensified recruitment are being developed.

Residential requirements continue to be restrictive to recruitment of qualified personnel. Although further modifications of the resident rule are pending, residential requirements continue to be restrictive to recruitment. The requirement of legal residence in the City has been changed to legal residence within a 30-mile radius of the City for employees. Applicants are required, however, to be residents. The process of establishing exceptions to this rule for technical specialists takes time while efforts to find qualified residents are being made.

Many vacant positions were filled during the year by recruitment and appointment of limited tenure employees within the Health Department. This was done in the absence of regular Civil Service lists, and has functioned as another method of recruitment.

A number of employees have availed themselves of status appointment in the past year to various new classifications, such as 2304 Psychiatric Orderly, 2506 Central Supply Room Aide, and 1202 Personnel Clerk, as vacancies occurred. The old classifications that these appointees vacated were then reclassified. Employees are continuously being kept informed of additional status rights as well as limited tenure promotion rights. The policy of reassigning employees to other positions within their classification where they can best be utilized has been continued, and special effort has been made to process records to avoid checks being delayed.

New programs encouraged by Federal manpower development regulations and emphasis on employment of minority and poverty groups have had an impact on the Department's thinking. As a result, we have clerical trainees who have been employed in the Department under the sponsorship of the Community Work Training Project,

Department of Social Services. Also, volunteers are referred to the children's clinic from the Foster Grandparent Project, Family Service Agency.

A number of programs have been discussed and planned, but remain for completion at a later date. These include but are not limited to: (1) a revision of policy regarding extra pay to employees exposed to communicable diseases; (2) Preparation of written agreements on employee union's use of hospital facilities; (3) grievance procedures; (4) a report from the Health and Welfare Agency, State Department of Public Health on Social Service programs in the Department, including recommendations for improvement.

Upon revision of California Medical Assistance laws and passage of the Federal Medicare legislation, it became necessary for the Department to request new positions for medical social service, billing, and admission procedures. Temporary employments were provided pending determination of the resultant volume of patients. A study of some of these functions, their organization, classifications, and relationship with the Department of Social Services is being made by the State Department of Public Health. A study of billing procedures made by John F. Forbes and Company will be the basis for the determination of personnel requirements for billing.

The personnel of the Department was distributed in the last two fiscal years as follows:

	1965-66	1966-67
San Francisco General Hospital	1,456	1,535
Laguna Honda Hospital	879	961
Central Office	465	475
Community Mental Health Services	242	282
Hassler Hospital	133	142
Emergency Hospital Service	97	97
TOTAL	3,272	3,492

A total of 220 new positions was approved in the 1966-67 budget. In addition, 27 positions were reclassified effective July 1, 1966, and 20 more during the course of the year. This compared with 46 new positions in the 1965-66 budget and 97 positions reclassified during the last fiscal year.

The cooperation of the staff of the Civil Service Commission has been of great assistance to us at all times.

BUREAU OF HEALTH EDUCATION

OBJECTIVES

Effective health education of the public can bridge the gap between the findings of medical science and the availability of health knowledge and the usage of this knowledge by the public. A health education program of a health department develops and provides information and experiences to motivate people to change their behavior with respect to health. It assists department staff to serve the public through educational activities. Health Education services which implement Health Department program objectives are:

1. Program Planning and Evaluation. There are educational aspects to most health department programs. Planning should include the setting of educational objectives and provide for evaluation of progress toward achieving program goals.

2. Community Organization. This is the process of working with community people to secure participation and support for health action.

3. Communication of Health Information. This is done through written materials, audio-visual services, use of mass media and speakers, etc.

4. Consultation. Health education consultation enables persons to plan, conduct and evaluate educational activities more effectively.

5. Training. Health education activities help provide effective training experiences for staff, volunteers and other professional and lay groups.

DEPARTMENTAL RELATIONSHIPS

The Bureau serves as an educational resource to all personnel of the Department, assisting them with both consultation and direct services in the educational aspects of their professional work and in staff education programs.

CURRENT ACTIVITIES

Health Education in a Health District

With the development of the approved plan for the new health centers in the five health districts, the staffing pattern calls for a full-time professional health educator working at the district level and under the administrative direction of the district health officer.

As the health educator for a certain area of the city, this health educator works with community individuals and people in groups. He acts as a catalyst in identifying and meeting the health needs of the community through maximum use of existing educational resources. He involves the community in Health Department programs and encourages appropriate use of preventive medical services. He helps bring about a better understanding of health problems and their possible solution. For the other professional staff at the Health Center, the health educator serves as a resource person in educational methods and materials, and attempts to stimulate an interest in and use of educational approach in the promotion of health.

The district health educator receives professional and technical supervision from the Chief, Bureau of Health Education, but administratively works under the direction of the District Health Officer who is his immediate supervisor. His office is located in the district health center to which he is assigned.

SPECIAL PROJECTS

1. Through the Division of Venereal Disease Control a health educator has been employed in a Federal V.D. project for the last two years. This health educator has been engaged in planning a comprehensive and coordinated program for both professional workers and the general public with particular emphasis on developing venereal disease education in the schools.

2. Through the Bureau of Maternal and Child Health, a "Maternity and Infant Care Project" has been Federally funded since July 1965 to prevent mental retardation and other conditions which may be associated with poor or inadequate prenatal, obstetrical or infant care. Working under the immediate supervision of the District Health Officer for Central Health Center, a health educator was employed as the educational member of the project team.

Both of these health educators assigned to specific programs received their professional and technical supervision from the Bureau Chief.

INFORMATION SERVICES

1. Information was given to staff and the general public about health problems in San Francisco and the services of this Department. Talks were given by the Health Education staff and assistance was given to staff and community groups in securing qualified speakers on health subjects.

2. The Department's Weekly Bulletin is prepared for the Director. This publication is distributed to the press, radio and television stations, hospitals, health agencies, school administrators, PTA Chairmen, libraries, city officials and other community leaders and to many private physicians and other interested individuals.

3. Publicity. In addition to the Weekly Bulletin, which is a regular source of material frequently used by the news media, periodic news releases are prepared when indicated.

HEALTH EDUCATION MATERIALS

1. Audio-visual Services. A film library of motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Films are previewed and evaluated. Consultation is given on the selection and use of educational films. The following table shows the use of the film library by both staff and the public for the last three years:

	Number of Requests for Films	Number of Film Showings	Total Attendance
1963-64	864	1,283	47,051
1964-65	815	1,184	50,387
1965-66	929	1,270	54,518

Audio-visual equipment is operated by the Bureau staff and by selected Department personnel who are given instructions in its operation.

2. Printed Materials. The Bureau screens and evaluates pamphlets and posters procured from both pay and free sources, maintains a stockroom and distributes these materials. In addition, consultation and advice is given on their selection and effective use. The following table shows the distribution of pamphlet material for the last three years:

Fiscal Year	District Health Centers	Other Health Department Bureaus	Directly to Public	Total
1963-64	90,589	11,843	3,509	105,941
1964-65	90,675	17,720	12,034	119,335
1965-66	54,886	13,721	7,916	76,523

3. Library Services. A library file of reports, articles, booklets, reprints and other public health reference material is maintained and available for use by both staff and the public. Selected pertinent references were routed to appropriate offices of the Department.

FUTURE PLANS

As progress continues in the building and the multi-discipline staffing of the new health centers in the five new districts, three additional health educator positions will be needed.

BUREAU OF SANITATION AND HOUSING INSPECTION

This Bureau is directly responsible for many of the major areas of concern in the field of environmental health. In addition, the Bureau works cooperatively with other Bureaus and Departments on problems requiring a multi-disciplinary approach. Some of the inter-departmental activities of the Bureau are:

Workable Program in Housing
Inter-Agency Committee on Urban Renewal
Inter-Departmental Committee on Water Pollution Control
Quality Control of Drinking Water
Cooperative Program - State Department of Agriculture
Cooperative Program - State Department of Public Health

PROGRAM ACTIVITIES

A wide range of activities is required to produce a comprehensive urban environmental health program. For the purpose of this report, the many phases of this total program are described under the four general categories - FOOD, WATER QUALITY CONTROL, HOUSING and GENERAL ENVIRONMENTAL HEALTH PROGRAMS.

FOOD PROGRAM

The activities in this program are discussed subsequently under five component areas. It will be readily seen that safe and wholesome food is one of the major concerns of this Bureau. Food protection and control is provided not only in wholesale and retail outlets, but in the schools and at eating establishments where the ultimate consumer must be protected. The food industry as a whole is very progressive and cooperative; however, as in any situation where code enforcement is involved, some administrative and legal action becomes necessary.

Statistical Summary of Food Inspections

Types of Establishments Inspected	Number of Inspections	Types of Establishments Inspected	Number of Inspections
Bakeries	1,691	Liquor Taverns	1,079
Breweries	48	Markets - General	3,250
Meat Markets	2,716	Other Food Factories	405
Candy Factories	212	Peddler Wagons	75
Candy Stores	1,633	Poultry	3,109
Canneries	48	Salvage Dealers	620
Delicatessens	1,661	Sausage Factories	14,339
Fish and Shellfish	1,234	Soft Drinks	444
Fruits and Vegetables	1,731	Warehouses	270
Grocery Stores	6,163	Restaurants	26,936

FOOD SAMPLING

Ground Meat	311
Custards	309
Processed Meats	303
Rim Counts (Swab Tests) of Multi-Use Utensils	977

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MEAT INSPECTION

This Bureau, as a California State Approved Municipal Meat Inspection Agency, provides control and advice to the meat industry in San Francisco. The meat inspection section of the Bureau passed on the following quantities of meat during the last fiscal year:

Corned Meats	6,425,217 Lbs.
Smoked Meats	5,971,721
Sausage	20,146,379

In addition to the generalized meat inspection activity of the Bureau, all meat, meat food products and poultry purchased for the city's various institutions were inspected prior to acceptance by the city. Of the 1,498,000 pounds presented for sale to the city, it was necessary to reject 155,000 pounds, or slightly over 10% as not meeting city standards.

FOOD SERVICE TRAINING COURSES

The Bureau provides instruction in food handling sanitation, food establishment structural features, safety, vector control and legal and moral responsibilities of the trade at the Hotel and Restaurant Division, City College of San Francisco. This is a college credit course. The Bureau participates in the annual workshop of vocational instructors in project Feast.

In addition to the above courses in food handling sanitation, courses are given to employees and management in the food industry.

SCHOOL AND SCHOOL CAFETERIA INSPECTIONS

Inspection of all public and private schools is carried out on a regular basis. In addition to food handling in cafeterias, maintenance and sanitation of buildings and grounds is included in each inspection.

During the past year, emphasis was placed on protection of prepared foods prior to and during service. Sneeze guards over all foods at serving counters and adequate steam table temperatures were particularly stressed in order to prevent bacterial contamination and growth.

School Inspections

Number of Schools Inspected	125
Number of Reports with Corrections Required	103

ADMINISTRATIVE AND LEGAL ACTIONS

As indicated above, most operators of food establishments are very progressive and cooperative; however, in the case of a very few it is necessary to resort to code enforcement by means of administrative and legal action. These steps are taken only after extensive effort has been made to obtain compliance by means of education and persuasion.

Food Abatement Hearings		145
Permit Revocations		9
Arrests:		
Adulteration	3	

Condemnation:

Meat & Meat Food Products	128,760 Lbs.
Other Foods	64,179

WATER QUALITY CONTROL PROGRAM

Drinking Water

This Bureau, in cooperation with the Water Purification Section of the San Francisco Water Department, maintains a program of joint surveillance of San Francisco's drinking water supply. At the present time, a joint program of cross-connection control is being investigated by these agencies.

An extensive random sampling study was carried on in the bottled water industry during the fiscal year 1965-66. Approximately 5% of the bottled water dispensers were sampled bacteriologically and the results analyzed. As a result of this study, this Bureau anticipates the need for a cooperative program of surveillance and control with the industry involved. During the next year, meetings will be held with industry in an attempt to resolve the problems uncovered in the study.

Sampling Data	Bacteriological Tests	Chemical Tests
San Francisco Drinking Water	1,933	2,256
Small Water Supplies	171	1
Bottled Water Supplies	395	11

RECREATIONAL WATERS

Inter-Departmental Committee on Water Pollution Control - ICOWP

The problem of Water Pollution has many ramifications affecting the activities of several different City and County agencies. In an effort to develop coordinated action, the Board of Supervisors created the Inter-Departmental Committee on Water Pollution Control, or ICOWP as it is abbreviated. ICOWP consists of the heads of the departments having the greatest concern with water pollution. The agencies which comprise ICOWP are:

Park-Recreation
Planning
Public Health
Public Utilities
Public Works

This Bureau participates with the Bureaus of the other ICOWP members on the working sub-committee. During the fiscal year 1965-66, ICOWP prepared and presented to the Health and Welfare Committee of the Board of Supervisors, a summary of pending Regional Board actions against the city, as well as suggested steps the city could take to solve water pollution problems.

Natural Beaches - Water Pollution Control

This Bureau applies the California State Standards for Water Contact Sports to the various recreational beaches in San Francisco. Whenever beaches fail to meet these standards, they are quarantined and posted by order of the Director of Public Health. Whenever a rain of .02 of an inch on the average occurs, the

city sewers will discharge a mixture of raw sewage and storm water at 37 outfall structures around the city's perimeter. Whenever such discharges occur at or near a recreational beach, this beach is posted as being unsafe until sampling data collected by this Bureau indicates that the beach is again safe for water contact sports usage.

Sampling and Posting Data

Recreational Waters	1,714
Beach Posting	1,420

SWIMMING POOLS

San Francisco has 98 public and semi-public swimming pools. These pools are under permit from this Bureau and receive continuous supervision. Chemical and bacteriological testing is done on a routine basis. Comprehensive annual inspections are made to determine any changes in the physical plant as well as to prevent cross-connections.

	Bacteriological	Chemical
Swimming Pool Samples	758	1,120

WATER RECLAMATION

San Francisco's Golden Gate Park Sewage Reclamation Plant has received international acclaim for pioneering the treatment and reuse of sewage effluent for irrigation purposes. In addition to this installation, the city has another reclamation plant at the County Jail in San Bruno. This plant provides the irrigation water for the city's Sharp's Park Golf Course. The very nature of this type of operation demands a great deal of surveillance from this Bureau. Close interdepartmental cooperation is essential to the proper operation and maintenance of these installations.

Sampling Data

Golden Gate Park	90
Sharp's Park Golf Course	70

HOUSING PROGRAM

The continuous surveillance of a major segment of the city's housing supply is a basic function of the Bureau. This activity ranges from the service of sanitation complaints to comprehensive participation in the community's Urban Renewal Programs.

ANNUAL PERMIT OF OCCUPANCY

All of the city's apartment and hotel buildings are inspected on an annual or more frequent basis to assure that sanitation, maintenance, occupancy, light and ventilation meet required code standards.

Permits of Occupancy are issued for those structures in satisfactory condition. Buildings in substandard condition are ordered rehabilitated and Permits of Occupancy are withheld pending compliance with applicable code standards.

Permit of Occupancy Data

Buildings Inspected	16,053

CODE ENFORCEMENT - CHECK LIST NOTICE

In February 1962, the Bureau commenced the use of a new Housing Code enforcement technique which was designated as the "Check List Notice Program". This is the program that has been reported on in the last four annual reports. The primary purpose of the program was to inform, on a city-wide basis, all of the owners of substandard apartment and hotel buildings of the conditions which placed their properties in a non-conforming category, and to effect the rehabilitation of these structures as rapidly as feasible.

A further, and equally important, purpose of the program was to establish within the Department's housing files, a complete record of the substandard conditions in each of the city's non-conforming multiple occupancy buildings. These records were intended and presently serve to apprise prospective purchasers of multiple family buildings of the legal status of every known apartment and hotel building in the city.

To expedite the program, a printed form notice was designed which contains a series of predetermined Housing Code violations, those invariably associated with substandard buildings. The use of this newly designed enforcement tool made possible the rapid preparation and distribution of thirty-four hundred and fifty (3,450) "Check List Notices" in the brief span of seventeen months. Unlike the Department's customary notices of correction, the "Check List Notice" did not contain a specific time limit for the correction of the major items of rehabilitation.

This new system permitted the field inspection staff to complete the issuance of all notices, uninterrupted by the reinspections that would have been required had the customary thirty to ninety day completion dates been issued. As a follow-up, property owners who did not voluntarily file a Building Permit Application were sent a final notice, stipulating a time limit in which to file. Cases in which owners have failed to file after receipt of the final notice are processed through regular abatement procedures.

In May of 1963, the "Check List Notice" technique was abandoned, having served its purpose. However, many of the properties involved in the "Check List Notice Program" are still being rehabilitated. As of June 30, 1966, thirty-one hundred and fifty (3,150) Building Permit Applications had been processed through the Bureau for major rehabilitation of these substandard buildings.

SERVICE OF HOUSING COMPLAINTS

The Bureau receives, initiates and investigates complaints related to housing from many sources. These complaints range from conditions of substandard occupancies to problems of sanitation.

Housing Complaint Data

Complaints Received	4,245
Complaints Abated	3,519

INSTITUTIONAL INSPECTION PROGRAM

All jails and juvenile facilities under the jurisdiction of the City and County of San Francisco are inspected at least once annually.

Food, housing, bedding and clothing are examined to determine compliance with minimum sanitation standards as set forth by the California State Board of Corrections.

Institution Inspection Data

Number of Institutions Inspected	7
Number of Notices of Correction	7

LAUNDRY INSPECTION PROGRAM

This Bureau is responsible for the issuance and the renewal of Permits to Operate and Certificate of Sanitation, the establishment, operation and maintenance of laundries, and the investigation of complaints relative to laundries. (Investigation is also made on complaints against the related dry cleaning industry.)

The Bureau issued and renewed Permits to Operate and Certificates of Sanitation to 617 laundries and automatic laundries during the fiscal year 1965-1966.

The program requiring the operators of such establishments to perform adequately, to improve plant sanitation, maintenance practices and procedures was carried out successfully and will be continued.

Laundry Inspection Data

Wash Laundries (Wiping Rag Laundries and Shirt Laundries)	111
Hand Laundries	119
Automatic Laundries:	
Self Service, coin operated establishments	218
Attended establishments	169
Number of Inspections	1,681
Number of Inspections on Complaints	168
Number Permit Hearings	85
Number Cases Cited to an Abatement Hearing	20
Number of Establishments Out of Business	54

AIR SANITATION PROGRAM

In cooperation with the United States Public Health Service and the Bay Area Air Pollution Control District, this Bureau continued its activities on air pollution sampling and enforcement.

Data on Air Sanitation Activities

Air Pollution Samples	370
Weather Condition Observations	354
Visual Range Observations	354
Weather Forecast Air Samples	15
Smoke Complaints Investigated	14
Single-Chambered Incinerators Reconstructed	32
Participation Control District Hearings	3
Inspection of Incinerator Chambers	70

MOSQUITO CONTROL PROGRAM

The Bureau's mosquito control activities continued to function effectively as evidenced by the total number of complaints received this fiscal year as compared to complaints received in preceding years.

Complaint Data

Year	Complaints
1958-1959	1,128
1959-1960	735
1960-1961	310
1961-1962	248
1962-1963	205
1963-1964	258
1964-1965	203
1965-1966	167

PLAGUE SURVEILLANCE UNIT

The Plague Surveillance Unit's task is the trapping of rodents for disease control. The unit also carries out poisoning of rodents that infest the sewers and other properties under the City and County control. During the past year, special emphasis was placed on critical districts such as the waterfront and redevelopment areas.

Rodents and ectoparasites collected were processed in the United States Public Health Service laboratory for the presence of *Pasteurella pestis*. All specimens were examined and found negative for plague.

In the fiscal year 1965-66, services requested from the public numbered 835. Assistance and advice was given in each case and resulted either in the elimination of rat harborage or ratproofing of premises. An estimated 2,000 rats were poisoned in sewers or dumps, beaches and other properties, under City and County control.

In the coming year, to determine the presence or absence of plague in San Francisco, rodents and their ectoparasites will be collected and tested in the laboratory. Poison operations on the waterfront, sewer lines, dumps and other areas will be carried out to maintain a low population of rodents.

Statistical Data

Rodents Trapped	8,571
Ectoparasites Collected	3,005
Rodents Poisoned (Estimated)	2,000
Premises Inspected	8,551
Premises Found with Rats	376
Total Number Trap Days	129,887

CHEMISTRY LABORATORY

The function of the Chemistry Laboratory is to perform chemical tests and analys for the Inspection Division of the Department of Public Health, the Police Depar ment, the California Highway Patrol, the Emergency Hospital Service, San Francis General Hospital, San Francisco Water Department, School Department, Society fo Prevention of Cruelty to Animals, and other departments requesting these servic to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemistry Laboratory also establishes proof in obtaining the conviction of suspected violators of the Health Regulations, and aids the official law enforcement agency in solving toxicological problems.

The Chemistry Laboratory received a total of 6,794 samples and performed a tota of 29,226 tests on these samples during the fiscal year 1965-66.

GROUP	NO. OF SAMPLES	TESTS PERFORMED
Ground Meats	311	1035
Processed Meats	303	2366
Stomach Contents	887	5016
Toxicological Specimens	622	3330
Waters	533	2655
Sobriety Tests	507	2649
Drugs	113	712
Miscellaneous foods, e.g. salvage foods, food poisoning, etc.	139	750
Miscellaneous other products, e.g. paints, chemicals, solutions, etc.	56	222
Air Samples	1085	1939
Milk and Milk products	2238	8552

Ground meat (hamburger, pork sausages, etc.) sold in San Francisco showed marke improvement in their quality. Only 3 samples were found to contain sulfites, a preservative, and 6 ground meat samples exceeded the legal limit of fat.

Manufacturers of processed meats, e.g. frankfurters, bologna, corned beef, smok tongues, ham, etc., continue to add more water in their products than the law allows. 62 of the samples submitted for analysis contained too much water, an inexpensive and money making additive. 17 of the processed meats contained ove the maximum allowable nonfat dry milk and/or cereal permitted. Nitrite content of pickling brines, chinese sausage, luncheon meats, etc., was well below the maximum amount permitted.

Stomach contents (gastric washings) are submitted by the Emergency Hospital fro cases involving the ingestion of poisons taken accidentally or with suicidal intent. There were 462 positive toxic ingestions the last fiscal year. Aspiri was first with 211, barbiturates next with 91, and meprobamate third with 24. The major number of aspirin ingestions were children under 3 years of age. Mis cellaneous drugs and poisonous household substances made up the balance of toxi ingestions.

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The [illegible] of 25,[illegible]

[illegible]	[illegible]
Cement	[illegible]
Fuel	[illegible]
Stone	[illegible]
Textile	[illegible]
Water	[illegible]
Fabric	[illegible]
Drugs	[illegible]
Miscellaneous	[illegible]
Food	[illegible]
Misc.	[illegible]
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Air Sam	[illegible]
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Toxicology, the science which treats with poisons, their antidotes, etc., has become a large factor in the program of the Chemistry Laboratory due to ever-increasing demands by the doctors at San Francisco General Hospital. As the laboratory increases its scope for identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in diagnosis. Spectrophometry, crystallography, paper chromatography, etc., has enabled this laboratory to give this service.

The last two months of this fiscal year, the Chemistry Laboratory added two new phases to the search for more scientific means for identifying and quantitating drugs, pesticides, etc. The gas chromatography instrument approved in last year's budget is now set up and operating, and thin layer chromatography is now standard procedure for screening, identifying and even roughly quantitating poisons in gastric washings, bloods, urines, etc.

The past year, this Laboratory collaborated with Ciba Pharmaceutical Company by comparing different methods to find an accurate and fast means of determining doriden (glutethimide, NF) a sedative, in the blood of patients that are comatose due to an overdose of doriden. It is important for the doctor to have the blood level of doriden to determine his course of treatment. If the blood level of doriden is over 3 mg % hemodialysis is indicated.

In April of this year one individual had taken a large dose of unknown drug, resulting in a very heavy coma. 3.9 mg % of doriden was identified in his blood in this laboratory. Patient was hemodialysed for twenty hours. Doriden blood level dropped to 1.24 mg %. In three days he was out of coma and released from intensive care. Each day the doriden level was determined on blood, urine, and hemodialysis bath fluid so that the doctor could follow the elimination of the doriden.

Sobriety tests are samples of blood submitted by San Francisco Police and the California Highway Patrol for the quantitative determination of alcohol in accident cases involving drunk driving. The alcohol is now positively identified as ethyl alcohol by means of gas chromatography and not some other alcohol or volatile reducing substance in the blood. The percent of ethyl alcohol in blood is also determined by gas chromatography.

Due to the efficiency of the Milk Inspection Division and the use of the cryoscope (instrument for detecting added water in milk) the number of samples submitted to the Chemistry Laboratory containing added water dropped from 62 last year to 28 this fiscal year with two convictions in court. Most of the milk was raw from producers in the country who added water by accident, or with the deliberate attempt to increase bulk of milk. The balance of adulterated milk samples were pasteurized milk distributed and sold in San Francisco.

Recently, a number of large warehouse fires created a salvage problem in San Francisco. Numerous products including candies, cigarettes, cigars, cereals, etc. were submitted to the Laboratory for examination and analysis to determine whether they were fit for human consumption or use and fit for resale.

FUTURE PLANS

Expand the use of gas chromatography to include the detection and quantitation of pesticides in foods.

FUTURE PLANS (continued)

Continue research on new methods, utilizing the spectrophotometer, gas chromatography, thin layer chromatography and crystallography to increase the number of new drugs that may be identified and quantitated in toxicological specimens.

Prepare for the increase in the number of blood and urine sobriety tests due to both the increase in the number of California Highway Patrolmen and the new law requiring a person to submit to a blood, urine or breath test if requested by officer or incur a loss of license for six months.

Work with the Bureau of Disease Control in resolving industrial hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic, and other environmental sanitation measurements when the program is inaugurated.

PUBLIC HEALTH BACTERIOLOGICAL LABORATORY

PURPOSE AND OBJECTIVES

The basic objective of the bacteriological laboratory is to provide adequate laboratory services for the successful conduct of the programs of the Public Health Department. The laboratory provides service to the community for the control of communicable disease and provides assistance to physicians in the solution of other problems relating to the general field of public health. The laboratory also serves as an aid to the private clinical and hospital laboratories in the community as a consultive and reference laboratory for certain laboratory examinations in which this laboratory is especially well-qualifed and where, for one reason or another, the private clinical or hospital laboratories are limited.

This report includes statistical tabulations of some of the laboratory's "routine" work. However, these statistics do not include or in any way measure the amount of additional work done in developing, improving and standardizing methods or in the training of laboratory personnel.

PRESENT PROGRAMS

COMMUNICABLE DISEASE CONTROL

A. Venereal Disease Control

The continuing increase in the incidence of venereal disease in the population has resulted in intensified serologic testing for syphilis in the laboratory by redoubling our efforts to expand confirmatory treponemal testing services. The Fluorescent Treponemal Antibody Absorbed Test is being effectively utilized in the laboratory to assist physicians in establishing the diagnosis of syphilis. The V.D.R.L. test for syphilis is employed by this laboratory for detecting new cases of syphilis and, once diagnosed, for following the patient's response to treatment.

TABLE I

NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco City Clinic and City Prison	20,349	45.0%
San Francisco General Hospital	10,867	24.1%
U.C. Hospital, O.P.D.	6,040	13.4%
Civil Service Commission	3,364	7.5%
Private Physicians, Clinical and Hospital Laboratories	2,949	6.6%
Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc.	1,550	3.4%
TOTAL	45,119	100.0%

The reported nationwide increase of venereal diseases is also reflected in the increase of laboratory examinations for gonococci. This increase is particularly alarming when associated with the fact that the gonococci are becoming more resistant to penicillin. The delayed fluorescent antibody test for the detection of gonococci was evaluated by our laboratory in a large scale study in conjunction with the United States Public Health Service and was found to be no better than the existing cultural technique.

Laboratory examinations in the field of Venereal Disease Control alone comprised approximately 60% of all examinations performed by the laboratory during the past year and required approximately 30% of our total professional staff time.

B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in the laboratory in support of the Division of Tuberculosis Control. The number of cultures referred for identification increased as a result of an awareness that Mycobacteria other than Mycobacterium tuberculosis are possible agents of tuberculosis-like disease. More definitive tests have been incorporated into the identification procedures. These include the niacin test for Mycobacterium tuberculosis, arylsulfatase test, tween hydrolysis, urea hydrolysis, quantitative catalase tests and nitrate reduction test for the grouping of other Mycobacteria. More laboratory examinations were performed this year for Mycobacteria than in any other preceeding year. The number of this year's examinations was 9% over the 1964-1965 year.

TABLE II

NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco Tuberculosis Survey (S.F. General Hospital's Chest Clinic, Private Physicians, Clinical and Hospital Laboratories)	5,602	57.7%
San Francisco General and Hassler Hospitals	4,100	42.3%
TOTAL	9,702	100.0%

C. Other Communicable Disease Services

Laboratory services were also provided in other areas of communicable disease concern. These services included testing in parasitology, rabies, enteric bacteriology and in food poisoning outbreaks. The fluorescent antibody test for whooping cough was evaluated and tentatively adopted during the past year. The time required for these bacteria to be identified by the fluorescent antibody technique is considerably less than by standard cultural methods.

SANITATION

A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with the necessary testing services for various milk products. These services include testing for the bacterial and antibiotic content of milk.

B. Housing and Sanitation Services

The laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational water, cleanliness of restaurant eating utensils, and the detection of harmful bacteria in food products. The number of examinations in water bacteriology has approximately tripled over the last three years reflecting the increased activity and concern of the Health Department in water pollution control.

TABLE III

LABORATORY EXAMINATION BY YEAR AND PROGRAM AREA

COMMUNICABLE DISEASE CONTROL	1961-62	1962-63	1963-64	1964-65	1965-66
Venereal Disease Control					
Syphilis	69,922	73,999	74,090	65,477	53,719
Gonorrhea	22,822	25,384	26,438	22,023	24,189
Tuberculosis Control					
Microscopic	7,083	7,413	7,672	8,000	8,905
Culture	8,709	8,696	8,823	8,931	9,694
Drug Susceptibility	343	447	481	451	463
Other					
Enteric	474	544	491	382	377
Parasitology	195	254	446	213	172
SANITATION					
Milk	28,334	28,674	28,801	25,870	26,825
Water	2,668	2,719	4,218	5,534	7,940
Food	778	779	583	540	564
Rim Counts	-	-	-	-	977
Miscellaneous	3,269	3,153	2,072	1,898	1,031
TOTAL EXAMINATIONS	144,617	152,062	153,949	139,319	134,855

TABLE IV

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATIONS
BY PROGRAM AREA, 1965-1966

COMMUNICABLE DISEASE CONTROL			Number	Percent
Venereal Disease			77,908	57.8%
Tuberculosis			19,062	14.1%
Other (Parasitology, Enteric, etc.,)			549	0.5%
		Total	97,519	72.4%
SANITATION				
Dairy and Milk			26,825	19.9%
Sanitation and Housing			9,481	7.0%
Water	(7,940)			
Glass and Utensils	(977)			
Food	(564)			
		Total	36,306	26.9%
OTHER				
Hassler Health Home, Central Emergency, etc.,			1,031	0.7%
		TOTAL	134,855	100.0%

TABLE V

PERCENTAGE OF MICROBIOLOGIST
TIME REQUIRED BY PROGRAM AREA

COMMUNICABLE DISEASE CONTROL		Percent
Venereal Disease Control		30%
Tuberculosis		40%
Other (Enteric Bacteriology, Parasitology, etc.,)		5%
		75%
SANITATION		
Dairy and Milk		15%
Sanitation and Housing		10%
	TOTAL	100%

PROBLEMS

The main problem confronting the laboratory is the need to remodel our working facilities, which were designed and constructed over 30 years ago, to allow today's method of modern bacteriology to be effectively carried out.

SERVICES TO BE DEVELOPED

FLUORESCENT ANTIBODY MICROSCOPY

Fluorescent antibody microscopy has been developed in this laboratory for the testing of rabies, syphilis and whooping cough. Other areas of fluorescent testing should be investigated but are contingent upon the commercial biological supply companies producing acceptable test reagents.

BUREAU OF DAIRY AND MILK INSPECTION

PURPOSE

The Bureau of Dairy and Milk Inspection provides adequate coverage of the fluid milk industry to insure a safe, high quality milk product for the City and County of San Francisco. The activities of inspection begin at the dairy farms in the rural areas, to the skimming and cooling stations, transporting the milk to the processing plants, pasteurizing and distribution of the milk to the ultimate consumer. Legal enforcement for these high standards is provided for in the California Agricultural Code and regulations of the Health Code of the City and County of San Francisco.

PRESENT PROGRAMS

To provide for proper surveillance of the fluid milk industry, the inspectors spent 35 percent of their time doing off hour inspections at the dairy farms and in the pasteurizing and packaging plants. This Bureau is dependent on the Public Health laboratories for bacterial, antibiotic, and chemical analysis of products submitted. The sediment determination and California mastitits tests are performed in the field by a specialist inspector of this bureau employed 18 months now as a result of a request from the Department of Agriculture and the California Milk Quality Committee. This Bureau is represented on the Milk Quality Committee. The responsibility of collecting fees from the Dairy Industry is a function of this Bureau, to help defray the cost of inspection work. The fees total nearly $153,000 dollars annually, which are turned into the accounting department, who in turn, issues receipts and insures proper procedure.

The Dairy industry is subject to many changes and is constantly developing new techniques and highly engineered equipment to speed up processing and packaging. Automation is foremost in operating the larger plants located in this city, to save labor and time which ultimately reduces unit cost.

Pasteurized homogenized, vitamin fortified milk, processed in San Francisco, is being distributed over Northern California and as far south as Kern County. New inspection techniques, and new technology is necessary to keep pace with a fast moving industry.

Proper and complete pasteurization of the total milk supply being processed in San Francisco is this bureau's responsibility.

DAIRY FARM INSPECTION

Regulatory supervision of 602 dairy farms covers; construction of dairy buildings, proper installation of equipment in the dairy buildings, a safe and protected water supply for the dairy operation, proper waste disposal, control of the use of antibiotics and pesticides, excluding unhealthy cows from the milking herd, and sanitary production and handling of milk. This bureau utilizes the services of five state approved laboratories located in rural areas of the San Joaquin Valley

and the North Bay Counties to supplement the work of our laboratory.

PROCESSING PLANT INSPECTION

The inspectors of this Bureau supervise the processing of fluid milk and milk products in fifteen processing plants. Samples of the raw and pasteurized products are taken at the plant and submitted to the laboratories for analysis to determine if the bacterial and chemical standards are being maintained. Supervision in these plants, cover construction of plants being built or remodeled, construction and type of milk handling equipment proposed for milk processing, proper installation of equipment in the plant, and proper terms used on labels of milk cartons and other milk containers.

MILK PERMIT INSPECTION

Milk permits were issued to 1335 groceries and delicatessens located within the City and County of San Francisco. Due to pricing regulations of the California Milk Control Board, the milk in stores is held for longer periods of time before reaching the consumer, therefore, greater emphasis is being made by the industry to maintain a loger "shelf life" of the fresh milk.

During the year 1965 - 66; 69,591 gallons of milk was degraded from the Grade A useage; 5,029 gallons of milk was condemned for human consumption as a result of improper production, processing or handling of this perishable product. After receiving sufficient evidence from the chemical laboratory, this Bureau gave citations to five dairy producers, two were given fines with the District Attorney prosecuting the cases, three were put on probation after conducted hearings at this office.

Statistical data and tables are submitted to show the quality of milk and number and types of inspections made during the fiscal year.

TYPES AND NUMBER OF INSPECTIONS MADE — TABLE NO. 1

Listed below are the types and number of inspections made by the staff during the fiscal year 1965 - 66:

Dairy farms	13,628
Skimming and Cooling Stations	1,336
Pasteurizing Plants	1,723
Groceries, Delicatessens and Public Eating Places	1,353
Cheese, Butter and Ice Cream Factories	91
Miscellaneous	297
Complaints	49
Total Inspections	18,477

NUMBER OF SAMPLES TAKEN FOR ANALYSIS — TABLE NO. 2

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Product)	13,400
Pasteurizing Plants (Raw Product)	7,183
Pasteurizing Plants (Pasteurizied Product)	8,907
Groceries, Delicatessens, Public Eating Places (Pasteurized Product)	634
Sediment Determination	8,566
Rinses and Swabs	1,241
Water Supplies	289
California Mastitis Test	8,445
Total Samples	48,665

QUALITY OF MILK AND MILK PRODUCTS — TABLE NO. 3

Outlined below is the quality of milk and milk products analysed:

	Percent Milk Fat	Solids Not Fat	Bacteriological Colonies per Milliliter
Grade A raw milk received from Producers for Pasteurization	-	-	9,000
Bulk Tankers of Grade A raw milk received at Pasteurizing Plants	-	-	12,800
Grade A pasteurized milk taken at Pasteurizing Plants	3.72	8.82	500

	Percent Milk Fat	Solids Not Fat	Bacteriological Colonies per Milliliter
Grade A pasteurized milk taken from groceries, delicatessens, hotels and restaurants	3.70	8.74	2,000
Grade A pasteurized whipping cream	36.98	-	600
Grade A pasteurized all purpose and table cream	24.30	-	1,700
Half and Half pasteurized	12.26	-	300
Pasteurized skim milk (non-fat)	-	-	400
Flavored Milk Drinks	2.47	-	700
Concentrated milk pasteurized	10.32	25.82	700
Pasteurized Low Fat Milk	2.03	10.18	500

DAILY DISPOSITION OF FLUID MILK PRODUCTS
IN SAN FRANCISCO DURING CALENDAR YEAR, 1965

TABLE NO. 4

	Past. In S.F. (Gal)	Past. In S.F. Sold Else-Where (Gal)	Bal-ance Sold In S.F. (Gal)	Past. Else-where and Sold In S.F. (Gal)	Total Daily S.F. Sales 1965 (Gal)	Total Daily S.F. Sales 1964 (Gal)	Inc. Dec. + - 1965 (Gal)	Inc. Dec. % + - 1965 (Gal)	Con sump-tion Cap-ita Pints
Market Milk	118,798	66,738	52,060	8,689	60,749	59,804	+ 945	+2.34	.648
Half & Half	4,696	1,934	2,762	319	3,081	3,188	- 107	-3.36	.033
Cream	783	320	463	59	522	537	- 15	-2.75	.0056
Non Fat	6,032	3,415	2,617	665	3,282	3,223	+ 59	+1.83	.0350
Buttermilk	1,693	1,692	1	1,296	1,297	1,402	- 105	-7.49	.0138
Flavored Milk Drinks	2,417	1,114	1,303	214	1,517	1,453	+ 65	+4.47	.0162

Based on Population of 750,500 (1965)

BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is responsible for the operation of the following services: Maternal Health Services, Child Health Conferences, Immunization Centers, Crippled Children Service, Diagnostic Centers for Visual, Hearing and Cardiac problems, School Health Services, and the Dental Health Program. Close liaison is maintained by the administrative personnel of the Bureau with various community agencies, both public and private. Although time consuming, good relationships with the community result in better planning of programs. It also serves the purpose of keeping the community informed about the activities of the Health Department. Since Public Health Nurses bring the maternal and child health services to the clients, the administrative staff of the Bureau of Maternal and Child Health works closely at all times with the Bureau of Public Health Nursing.

MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS

During the calendar year of 1965, there were a total of 1947 deliveries at San Francisco General Hospital, of which 1917 resulted in live births. Of these 1917 live births, 237 (12.4%) were premature (under 2500 gram). This percentage is somewhat less than it was the year before (13.4% in 1964), but higher than the rate in the city as a whole. Five hundred seventy-five (575) or 29.5% of all mothers delivered at San Francisco General Hospital were 19 years of age or under. Fourteen (14) of these were below the age of 15. Fifteen percent (15.1%) of all mothers did not seek prenatal care; an additional 23.3% made only between one and three prenatal visits. Thus, a total of 38.4% of women delivered at San Francisco General Hospital had no or inadequate prenatal care. There was one maternal death during 1965 in a 17 year old primiparous negro girl due to acute pulmonary failure and possible acute congestive heart failure. Autopsy was not permitted by the parents.

As in the past, two public health nurses served the Maternity Clinic and the Pediatric Clinic at San Francisco General Hospital to carry out the necessary liaison for follow-up in the districts. As of February 1, 1966, this number was reduced to one Public Health Nurse. Her role was defined more clearly, and duties which were not the function of a public health nurse were assigned to the clinic nurses.

The Maternal and Child Health Nutritionist has actively participated in the "High Risk Clinic" at San Francisco General Hospital. This clinic is for selected patients who are considered to be at a higher risk of developing prenatal complications or of delivering abnormal infants.

Classes for expectant parents have continued at North East and Sunset Health Centers. The course at Mission Health Center is held at the Mission Neighborhood Center and is attended by both expectant and young mothers. In addition, we have participated with consultation and public health nursing time in a Young Women's Christian Association Project for pregnant unmarried teenagers from the Western Addition.

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CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The Child Health Conference is designed to provide well-child supervision to infants and pre-school age children. This includes periodic physical examinations, appropriate immunizations, certain screening procedures as well as anticipatory guidance and parental counseling.

The physicians staffing the clinic, the public health nurse at the clinic and the public health nurse in the district, all work together closely to give maximum service to the client.

The Health Department conducts 37 Child Health Conferences per week in 19 different locations throughout the city in order to bring this service closer to those who need it. During fiscal 1965-66, there were a total of 31,452 patient visits; a total of 12,704 individual children were seen. The average attendance per session was 17 children. This is a workable average and allows the staff to give service in depth.

During the spring term of 1966, the Department of Education (Children's Centers) received funds from the Elementary and Secondary Education Act to conduct a pre-kindergarten program for 480 children. Funds for physician and public health nursing time were allocated in order to give physical examinations and conduct the necessary follow-up on these children. The administration of this bureau assisted in the inception and operation of this program and gave consultation whenever needed.

The function of the Immunization Centers, open to children through school age, is to insure an adequate level of immunity against certain communicable diseases. These services are offered to those school children who otherwise would be unable to obtain them through private sources because of marginal parental income. In addition to immunization against diphtheria, whooping cough, tetanus, polio and smallpox, we also offer tuberculosis skin testing. This is especially important for recent immigrants to San Francisco from various countries with a high incidence of tuberculosis. Measles vaccine is offered to children ages 12 months to 5 years.

CRIPPLED CHILDREN SERVICES

The Crippled Children Services program was implemented nationally in 1935 through the Social Security Act. It is an entirely tax supported program through Federal, State and local taxes and in San Francisco is administered independently by the Department of Public Health. The purpose of the program is to provide specialized medical care and rehabilitation services to handicapped children from birth to twenty-one years of age. This care is rendered by private practitioners of medicine. Private hospitals are used for in-patient care. Through the use of these funds, handicapped children are helped to attain the maximum of their potential and to reach maturity with the prospect of a happier and more productive life. Many of these children have become useful and taxpaying citizens. In San Francisco, the number of active cases at any given time during the past fiscal year, was around 2,000.

Diagnostic services for suspected eligible conditions are available to any child regardless of family income. Before necessary treatment is instituted, the medical social workers assigned to the program evaluate financial eligibility and acceptance depends on projected costs of care, size of family and other obligations. When possible, the family participates by contributing up to their ability to the expenditure. The clerical staff handling the authorizations providing medical care, hospitalization and other necessary services, assumes full responsibility and receives the necessary consultation from the Medical Consultant and the Administrator. For this reason it is most important that our staff remain stable, have a knowledge of medical terminology and be capable of interpreting fee schedules in relation to services rendered to the child. Close liaison between Crippled Children Services' office and each District Health Center is maintained constantly, since the public health nurses in the field are following these children. Medical social planning for many individual children is done with the help of various other agencies, and the professional staff of the program attends many meetings and maintains an elaborate network of communication with other agencies. This also serves and helps to provide a broader understanding of the program within the community and establishes good relationships with the other community agencies with which we must work. The professional staff of Crippled Children Services, by serving on the Admission Committee of the various schools for the handicapped in San Francisco, is able to coordinate all services for these children more effectively, since a majority of them are served by the program.

EAR, EYE AND CARDIAC DIAGNOSTIC CENTERS

These screening centers provide more definite diagnostic services for children with a suspected handicap in any one of these three named areas. Children are referred through private physicians, Health Department physicians, public health nurses, vision screening technicians and audiometrists or parents. Depending on the outcome of the examination, and any need for observation or further medical care, parents are assisted in either obtaining private care, or if eligible, are referred to Crippled Children Services.

EAR CENTER

Three audiometrists routinely test all the second, fourth, sixth and ninth graders, as well as all children new to any San Francisco School, and those with signs and symptoms of diminished hearing. In 1965/66 39,764 individual children had their hearing tested in school or in the Ear Center by direct referral. They received a total of 45,615 tests. One thousand four hundred and fifty-nine (1,459) or 3.6% failed the test. Some of these chose to obtain further diagnosis and care through private sources, while 927 examinations were done in the Ear Center by the otologist. Of those seen at Ear Center, 149 had normal hearing, 200 had a conductive hearing loss, 112 a perceptive loss, 262 exhibited a high pitch loss and on 204 the diagnosis was deferred.

EYE CENTER

Two vision screening technicians, employed by the Unified School District screen public school children at the first, third, seventh and tenth grade levels as well as those with signs or symptoms of eye disease and those new to San Francisco at any grade level. During the school year 1965/66 the Unified School District was able to employ a third vision screening technician. Now these three technicians are able to cover all the public schools, while previously children in some of the smaller public schools had to be tested by public health nurses. As before, testing in private schools is still carried out by public health nurses or by trained volunteers from the Mother's Clubs. In 1965/66, the vision screening technicians screened a total of 25,054 children (27,743 tests) and the public health nurses a total of 19,120 children (22,800 tests). In summary, 44,174 children received a total of 50,543 tests.

The opthalmologist at the Eye Center saw 2563 children who had either failed the Illiterate E test in school, or had been referred for various reasons directly, Of those seen by him, 1,859 showed refractive errors; 157 had strabismus; 46 had amblyopia; 7 had some external ocular disease; 64 showed a variety of miscellaneous diagnoses; and 430 could be considered normal.

CARDIAC CENTER

In fiscal year 1965/66, a total of 259 cardiac examinations were done. These children, suspects for congenital cardiac disease or rheumatic fever, have a thorough physical examination by a pediatric cardiologist and an Electrocardiogram and chest film. Of the 166 new children seen, 25 were found to have an organic cardiac lesion, 26 were kept under observation, while 115 were found to have purely functional murmurs or no murmur at all.

The Cardiac Center is also responsible for the distribution of oral penicillin to all youngsters with rheumatic fever or a history of rheumatic fever who are carried by the Crippled Children Service program. The Registry of Rheumatic fever cases is being continued, and is a helpful tool in giving better service to children with this disease.

SCHOOL HEALTH SERVICES

The aim of the School Health Services is to assure that each child attending school attains maximum benefit from the educational process. Any handicap, whether physical or emotional, will prevent this. These services are available to all school children in San Francisco. In school year 1964/65, the physicians of the Department of Public Health examined a total of 17,927 children. These same physicians are also active in the individual schools giving group talks, consulting with school personnel and discussing individual children in conferences. In 1965/66 a total of 675 group or individual conferences were held. As in the past, we are urging parents to have their children regularly

EYE C[illegible]

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CARDIAC [illegible]

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SCHOOL [illegible]

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checked by the family physician. Screening programs to detect vision and hearing defects as described constitute an integral part of the School Health Program.

Tuberculin testing in the schools continues, and during the school year 1964/65, 32,439 students were tested. (These figures, because of the follow-up time needed, are one year behind the other statistics). Of these, 771 (2.4%) reacted positively. Forty (40) cases of active tuberculosis were found. Thirty-six (36) of these were in the school population and four in their immediate families.

Procedures and policies concerning the operation of the School Health Program are determined through the Central Health Committee. Representatives of the Unified School District, the Archdiocese and the Department of Public Health participate in regular monthly meetings of this committee throughout the school year. All community groups interested in School Health Services or Health Education of school children are encouraged to bring problems and suggestions to the attention of the Central Health Committee for their consideration.

SPECIAL FEDERAL CATEGORICAL ALLOTMENT

In fiscal year 1965/66, the Federal Government, through the State Department of Public Health again allotted funds for additional projects or enhancement of programs in Maternal and Child Health. This money was used to continue the employment of a nutrition consultant, a medical social worker to give intensive casework services to multiple handicapped children and their families, and part time clerk help for this social worker. In addition, we employed a psychiatric social worker for five months (February-June 1966) to work in the Developmental Center for Handicapped Minors (under the auspices of the Unified School District) and a second nutritionist for three and one-half months (March-June 1966) to work in Maternal and Child Health. From these funds, we also purchased an Audiometric Examining Room, a sound proof cubicle for the testing of hearing. This enables us to get the most accurate test results when screening for hearing acuity at the Ear Center. This room was finally installed in June, 1966.

The nutrition consultant functions primarily in the area of staff education. This includes the public health nurses and physicians of the Department of Public Health as well as professional members of the Unified School District and a variety of other agency members, both public and private. A variety of useful and timely teaching aids are available to her and she develops her own aids as the need arises. The nutrition consultant is also involved in direct patient service at the High-Risk Prenatal Clinic at San Francisco General Hospital and at St. Mary's Hospital in the Maternity and Infant Care Project (see below).

The Medical Social Worker gives intensive casework services to a small number of families with multiple handicapped children between the ages of three years and eighteen years. The goal and function of this service is to show the value of skilled counseling to the total family in coping with the day to day problems and frequent crises which occur in such families. The caseload averages 25 families with an average of 35 individuals in treatment. A preliminary evaluation indicates that approximately 60% of these families have shown marked or exceptional change in significant areas.

The Psychiatric Social Worker employed for five months, gave concentrated casework services to 37 children enrolled at the Developmental Center for Handicapped Minors. She assessed each child's and family's needs and worked with them, trying to fill some of these needs.

The second nutritionist who was employed in March, 1966, is working with staff in the Health Centers and in the community to foster better nutrition practices among mothers and children in this community.

MATERNITY AND INFANT CARE PROJECT

This program, which began July 1, 1965, receives 75% of its funds from the Children's Bureau. The other 25% of its budget is matched by the services given by the Department of Public Health and some additional case funds are contributed by United Cerebral Palsy Association of San Francisco. This organization is using some of its own funds and funds given to them by the San Francisco Foundation to assist the Department of Public Health to make this project possible. This project is designed to give high quality prenatal and delivery care to women of low income and who are considered "high risk" as far as the outcome of the pregnancy is concerned. In addition to the prenatal care, these women can get any other needed medical care (including dental care). Ancillary services such as social case work, nutrition education, and public health nursing are important aspects of this program. In summary then, intensive services of all kinds offered and given to these women of medical high risk and low socio-economic status, may reduce mental retardation and birth defects in their offspring.

As of the end of fiscal 1965/66, we have admitted a total of 117 pregnant women to the program and have delivered a total of 81 babies. This project has been funded for the second year of operation 1966/67 and now covers census tracts J 11, 12, 13, 16 and 17. Prenatal care and delivery services are given at St. Mary's Hospital, a voluntary hospital located near the above mentioned census tracts.

SUMMARY AND RECOMMENDATIONS

The Bureau of Maternal and Child Health is offering its traditional programs to the mothers and children of San Francisco, as well as the added services described in this report. The Nutrition Consultants

paid by the Federal Categorical Allotment are an invaluable addition and have enhanced all the programs. The Medical Social Worker, paid from the same allotment, is proving that intensive casework is badly needed as well as accepted when insurmountable problems face a family with a severely handicapped child. The Maternity and Infant Care Project is offering high quality medical and paramedical services to those who need them in deprived areas.

Unmet needs exist, as always. Some of the most pressing are as follows:

(a) Additional social work time for the Crippled Children Services program;

(b) An additional Audiometrist to include high school students in the testing program and to do hearing conservation education in high schools;

(c) Additional personnel to test vision and hearing of infants and pre-schoolers in the Child Health Conferences.

All these activities need additional personnel, and these will be requested again through regular budgetary channels. But even the appropriation of a new position does not mean immediate or adequate staffing because of the general shortage of trained and experienced professional workers in the nation as a whole.

DIVISION OF DENTAL HEALTH

The Division of Dental Health is part of the Bureau of Maternal and Child Health.

The following programs are existent:

(1) Care Program: Children through the age of eight years are eligible to have topical fluoride applications, fillings, extractions, and other necessary dental work done. Those children past the age limit can have emergency treatment only.

(2) Educational Program: Dental Hygienists carry on instructional activities, demonstration projects, and do dental inspections in the schools to promote good oral hygiene. Some of these projects are supported by the San Francisco Dental Society. In the afternoons the dental hygienists perform oral prophylaxis and topical applications of sodium fluoro-phosphate.

During the fiscal year 1965/66, the following services were performed:

Patient visits	15,160	Schools visited	67
Silver and porcelain fillings	14,490	Parent-Nurse-Teacher Conferences	1,478
Extractions	2,336	Snyder test performed	413
Other treatments	9,987	Topical fluoride treatments	1,264
X-Rays	7,364	Prophylaxis	2,819

ON-THE-JOB-TRAINING - SAN FRANCISCO CITY COLLEGE

Public Health Department Dental Clinics serve as on-the-job training sites for dental assistants attending school there. This program has been very satisfactory in that our dentists have had chairside assistance which increases their productivity. In some phases of dentistry where it is mandatory to have help as with extractions and patient management problems, it would have been impossible to work without them.

CHRONIC DISEASE: San Francisco with its proportionately higher percentage of chronically ill and aged will require more attention to the dental needs of this group. As a result of a previously conducted survey, the needs of this group have been determined. The impact of Medicare and subsequent revisions of the law will require changes in public health program planning.

OPERATION HEADSTART: Three hundred fifty-nine (359) children were examined by our dental hygienists in the summer of 1965. Ninety-seven (97%) percent of those born in San Francisco were caries free. The average child in the survey required 3.13 fillings. Even with care available, it was extremely difficult to get these people to follow through and obtain this care as a result of cultural and language barriers.

ORTHODONTIC SCREENING CLINICS: There were four orthodontic screening clinics during the fiscal year in our Central dental clinic. These clinics determine eligibility for children to have malocclusion treated under the auspices of the Crippled Children's Services Program. The screening panel is composed of four orthodontists who by law must be specialty board members of the Pacific Coast Society of Orthodontists. One hundred fifty-two (152) children were examined and forty-five (45) were accepted for this program.

COOPERATION WITH U.S.P.H.S. DENTAL HEALTH CENTER:

(1) A research program in the use of different kinds of restorative dental materials is being conducted with the Public Health Service. Public Health Department clients who have the proper type of cavities are obtaining limited care in this project.

(2) Another project that is being evaluated is the selection of a limited number of orthodontic cases that could possibly be improved by a removable orthodontic appliance.

CARIES ACTIVITY TEST: Four hundred thirteen (413) caries activity tests were performed. This is a bio-chemical test that measures the amount of acid production that occurs in a caries susceptible individual. This test requires the active participation of the student and is most impressive as an educational process. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years due to their financial support in the form of necessary equipment, supplies and additional visual aids. The staff of the Dental Division has had numerous requests for demonstrations and literature on the way this caries activity test is performed. It has been shown to dental auxiliaries, health education classes, and other health departments.

DISTRICT HEALTH CENTERS #1 and #2: District Health Center #1 which combined the Mission and Eureka-Noe Health Centers was officially opened in the early part of this year. District Health Center #2 which will combine Westside and Marina Health Centers is expected to open before the end of this year. These new Health Centers are complete, with two operatories, and necessary x-ray equipment. Working areas for the dental hygienists to make posters, displays, and other educational projects are also available. We anticipate more programming at the "grass roots" level as the district health concept develops.

SELECTED STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	Fiscal Year 1964/1965	Fiscal Year 1965/1966
Total population in San Francisco	755,700	750,500
Number of Schools - Public and Private	205	206
School Population	130,737	120,532
School Examinations - by DPH Physicians	21,635	17,927
Number of Child Health Conferences	1,826	1,855
Child Health Conference Attendance	32,401	31,452
Number of Immunization Centers	254	317
Immunization Center Attendance	20,010	19,177
Smallpox Immunizations	7,210	5,416
Measles Immunizations	2,866	3,007
Diphtheria-Pertussis-Tetanus Immunizations*	22,422	20,654
Polio Immunizations	14,058	17,030
Tuberculin Skin Tests (exclusive of School Testing Program)	20,427	19,182
Total Immunizations and Tests given in CHCs and Immunization Centers	66,983	65,289
Ear Center Attendance	856	927
Eye Center Attendance	2,853	2,563
Cardiac Diagnostic Center Attendance	234	259

* Includes injections of D-P-T and D-T.

BUREAU OF DISEASE CONTROL AND ADULT HEALTH

The Bureau has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the Bureau has within it two independently functioning Divisions with full time public health physicians in charge; their respective reports follow this section. The Bureau, exclusive of these Divisions, is staffed by five half-time physicians, three clerks, and Bureau Director, and has the operational responsibility for the control of all other communicable diseases with related epidemiologic problems, as well as promoting adult health, i.e., occupational health, accident prevention, chronic disease control, rehabilitation, and medical program of the City Prison. For ease in presentation, these may be considered to be:

1. Division of General Communicable Disease and Epidemiology
2. Division of Occupational Health and Accident Prevention
3. Division of Chronic Disease and Rehabilitation

It should be stressed that the above divisional activities are carried out by the same staff. Considering the Bureau's diverse activities, full time public health trained physicians should be recruited to replace four of the existing half-time physician assignments. To facilitate this change when such a physician will be available, these half-time positions were consolidated into two full time, as an amendment to the salary ordinance with a provision that the positions can be filled on a half-time basis when required. Consonant with these changes in the Bureau's activities and staffing, alterations in existing office space are warranted.

ACTIVITY REPORT: Fiscal 1965-66

	Units
Morbidity Reporting, Tabulation, Office Follow-up	8,240
Epidemiologic Activities	2,272
Animal Bites	7,369
Massage and Tattoo Parlor Processing	659
International Travel	14,767
City Prison Examinations	18,981
Special Service Programs	723
Occupational Health Investigations and Accident Prevention	300
TOTAL:	53,311

GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

Four of the half-time epidemiologist-physician consultants are the medical staff for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made, and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Dept. each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians, as well as concerned parents, diseased persons, etc. These physicians and the remaining staff keep under observation carriers or contacts of typhoid fever, other enteric

diseases, and leprosy, securing appropriate specimens for diagnostic tests when necessary. There are specialized epidemiologic investigations undertaken with a variety of other diseases, i.e., infectious hepatitis, as well as non-communicable diseases such as tetanus, lead poisoning, etc. When and if full time physician-specialist staff is recruited, some of these activities may be shifted to the District Health Center staff.

The Bureau collects, tabulates, and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1965-1966, 11,487 such reports were handled. The information contained is essential for epidemiologic control--i.e., investigating source and spread of selected infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a relatively new regulation of the California State Board of Public Health, which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis, and gonorrhea. It is the responsibility for the Health Department to follow up these leads to possible infection and institute control measures when applicable.

During the reporting period, 2,452 animal bites were handled. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten, or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. The actual investigations of the biting animals and arranging for their quarantine is the responsibility of the Police Department. A reasonably satisfactory administrative procedure has been set up in recent years which facilitates this intra-departmental activity.

We are required by international regulation to certify immunization certificates of vaccination for foreign travel. A fee of $1.00 is charged for this certification, and in 1965-66, $14,602 was secured from this for the General Fund, which reflects a gradual increase over previous years. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers, pointing out general health safeguards for overseas travel.

Local ordinance charges us with the authority to issue permits for the operation of massage parlors and bath houses. In addition to the initial investigation, personnel of this Bureau and of the Bureau of Sanitation and Housing Inspection make semi-annual visits to supervise their sanitary operation. Most of the problems related to these establishments are in relation to the enforcement of the criminal code by the Police Department, i.e., prostitution. We have joined with the Police Department and responsible representatives of the industry in drafting a new ordinance which takes cognizance of the current situation. It will transfer to the Police Department the power to issue permits and, therefore, the power to revoke them. This was presented to the Board of Supervisors Fire, Safety, and Police Committee who in turn referred the matter to the City Attorney's office for a legal review. A somewhat modified ordinance was drafted and re-submitted to the Board of Supervisors for their action. We hope this or a comparable ordinance will be put into effect which will allow adequate remedies of massage parlor operations.

Our careful supervision of tattoo parlors in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program.

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The Bureau staff is available for various programs for the control of communicable diseases. It actively participated in the influenza and tetanus immunization program created for City Employees. Through education and personal involvement, it tries to increase the level of immunization of special risk populations against influenza, tetanus, and smallpox. Developments may require it to fulfill its inescapable responsibility for the control of communicable disease as set forth in the State Health and Safety Code, by initiating budget requests for equipment, vaccines, and staff to undertake specific programs.

A committee of the Health Council is reviewing with the Department and Bureau Staff of the S.F. Health Code, intending to up-date its provisions.

One of the half-time physician-specialists operates a "sick call" at the City Prison six mornings a week. During this report period, 12,750 inmates received some treatment in addition to an additional 2,077 persons arrested on a morals charge who were examined, diagnosed, and treated for venereal diseases in conjunction with the Division of Venereal Disease Control staff. In addition to this prison program, the Bureau staff surveys detention facilities to evaluate health and medical services as charged to local health departments by Section 459 of the State Health and Safety Code.

5 Year Experience of Selected Bureau Services

Fiscal Years:	1961-1962	1962-1963	1963-1964	1964-1965	1965-1966
Travel Certificates	11,203	11,652	13,038	13,703	14,602
Morbidity Reports	9,610	9,979	10,949	10,675	11,489
Animal Bite Investigations	1,873	1,993	2,151	2,254	2,452
City Prison Examinations - VD	565	555	869	1,376	2,077
City Prison Examinations - General Medical	6,769	3,648	6,626	9,235	12,750

OCCUPATIONAL HEALTH AND ACCIDENT PREVENTION

A general pattern is evolving whereby departments of public health are recognizing and accepting the responsibility to provide preventive medical services to 40% of the population currently receiving little or none--the working population. A San Francisco survey made a few years ago (1959), undertaken in conjunction with the Department of Preventive Medicine of the University of California Medical Center, conclusively demonstrated the absence of preventive medical services available to San Francisco's workers at their place of employment. One striking example reveals that 70% of the firms use one or more chemicals which commonly cause occupational disease with only 50% having any sort of self-monitoring program. Until this Health Department finds itself able to offer specific and necessarily specialized services in work settings with potential health hazards, the Bureau staff will continue to act for the Department in working with local groups, including the San Francisco Civil Service Commission, employee organizations, and employers in a consultative capacity. We provide occupational health educational materials and promote utilization of outside resources. The level of service offered by the San Francisco Department of Public Health is not comparable to such neighboring counties as San Mateo, Alameda, and Santa Clara, which have trained full time personnel working exclusively in this field. The Bureau's staff investigate occupational disease reports referred to it by the State Department of Public Health. Our Bureau of Sanitation & Housing Inspection on occasion undertakes

field investigations conducted by a few staff members who have benefited by a limited in-service training course conducted by the State Department of Public Health in Berkeley. Similarly, Public Health Nursing has been able to give assistance when indicated.

The Bureau has made, and will again make, a budget request for a new position of Industrial Hygiene Engineer; a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department--from a laboratory point of view--is currently capable of performing many measurements required in environmental sanitation. Unfortunately, without technical direction in sample collection, we are unable to take advantage of these resources.

The Department is vitally concerned with the conditions which cause more physical impairments among the general population than any disease, and which is the first cause of death from age one through age thirty-five. This, of course, is accidents. We have participated with various government and voluntary agencies in helping to develop limited and community-wide programs to reduce accidents.

CHRONIC DISEASES AND REHABILITATION

Our aging population, with their greater degree of chronic illness and the implications of Medicare, requires Health Department programs to serve these needs. Of particular concern is the availability of out-of-hospital care for the chronically ill. In San Francisco, these services are more often related to diagnosis, age, and a whole gamut of other eligibility requirements instead of the patients' needs. While this group may now be receiving adequate care, particularly those whose home care costs will be supported in whole or part by Medicare, there is a tendency to concentrate upon those whose needs outside of the immediate medical problem are limited and whose rehabilitation to an independent and productive life is possible in the foreseeable future. This situation is reinforced by the disease rather than the health orientation of medical workers, institutions, and agencies.

There has been no Health Department structure to routinely provide service in depth when needed, nor to plan a program capable of developing preventive services for the chronically ill and aging at a level comparable to that offered in the various Maternal and Child Health Programs. We are attempting to bring into more equitable balance our activities to the entire community by strengthening services to be offered from the District Health Centers for persons with chronic illness. Using federal funds through the Chronic Illness and Aging program, a liaison Public Health Nurse is working with the staff at San Francisco General Hospital to develop such a structure.

In addition to its consultative role within the Department, the Bureau works with voluntary community agencies in developing various projects and facilitates the channeling of federal and state support for them. We are actively participating with the S.F. Homemaker Service in developing and providing in-home services. The possible combinations such services can provide, utilizing the district public health staff plus homemaker-aides and public health social workers, offers many opportunities of slowing and even reversing the progress of disease and disability. In addition to this obvious benefit, the patient can be kept out of a hospital or nursing home bed. This program, along with

the Home Care Program of the San Francisco General Hospital, which is carried on in cooperation with the Visiting Nurses Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet our responsibilities in this field. Ultimately, we expect that many patients "at home" from both public and private hospitals will benefit from this program now developing.

Chronic Illness and Aging funds are also being used to employ a full time Public Health Nutritionist who is working with a great number of community groups in improving diet practices as an adjunct to promoting health.

The Bureau is working with other units of the Department and interested local government and voluntary agencies in developing relatively small chronic disease screening or detection programs, i.e., glaucoma, cervical cancer, and diabetes, as well as general health screening services.

the Home Care Program of the San Francisco General Hospital, which is carried on in cooperation with the Visiting Nurse Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet the requirements [illegible] this [illegible] patients [illegible] both [illegible] and the hospital will benefit from this program [illegible] it.

Currently [illegible] employ a full time Public Health Nutritionist who [illegible] with a great number of community groups in everyday [illegible] as an adjunct to good health.

The Bureau [illegible] the [illegible] local government [illegible] small chronic disease [illegible], alcoholism, cervical cancer, and [illegible] accompanying charts.

DIVISION OF VENEREAL DISEASE CONTROL

STATISTICAL REPORT - S. F. CITY CLINIC

	FISCAL YEARS				
	1961-62	1962-63	1963-64	1964-65	1965-66
Cases Diagnosed and Treated	4,755	5,701	6,210	6,818	8,487
Syphilis	879	989	1,054	963	874
Gonorrhea	3,876	4,709	5,155	5,855	7,613
Other Venereal Diseases	0	3	1	0	0
Epidemiologic Investigations	6,116	7,551	7,529	7,357	8,032
New Patients Admitted	5,423	6,017	6,647	7,707	9,222
Re-Admissions	4,795	5,775	6,284	6,855	8,028
Laboratory Tests	41,833	45,633	47,577	46,190	50,569
Total Patient Visits	30,826	34,148	34,229	36,203	37,892

City Clinic statistics during 1965-66 continued to reflect the growing magnitude of the venereal disease problem in San Francisco, as well as indicate the ever-increasing demands made upon the Health Department for services in this regard. In the four-year period since 1961-62, there was an increase of 7,032, or 68.8 percent, in the combined categories of new admissions and re-admissions. The former refers to people previously unknown to the clinic and the latter refers essentially to those once terminated, but who return later with some new complaint. These 7,032 admissions resulted in an increase of 3,732 or 78.5 percent more diagnoses. During this same period, total patient visits were held to an increase of 7,066 or 22.9 percent. This latter achievement was only through constant review and revision of diagnostic, therapeutic, and follow-up procedures and schedules. The future will determine the wisdom of many concessions made in the interest of reducing volume by lowering the quality of medical supervision.

Syphilis, in all of its stages, during the past four years has shown some degree of fluctuation, but with the 1965-66 totals remaining virtually the same as those in 1961-62. During the same four-year period, gonorrhea increased by 100%. Since there is no reason to believe that the Health Department is seeing a greater proportion of the community's gonorrhea than syphilis, it appears logical to conclude that the level of syphilis in San Francisco also remained relatively constant. As in the past several years, the Division continued to devote the major proportion of its epidemiological effort in the interest of syphilis control, largely with personnel supplied by the Federal government. While it is not possible to fully assess the value of epidemiology in the control of this disease, logic and experiences in certain specific situations lead workers in the field to believe this approach worthwhile. It is therefore expected that the Division will continue along these lines without diminution next year.

STATISTICS

The Division's experience with gonorrhea is depressing, and there does not appear to be any reason for optimism in the foreseeable future. During the year, as the only venereal disease clinic on the West Coast, San Francisco engaged in a co-operative study with a number of clinics in other parts of the United States for the study of certain aspects of gonorrhea among females. The study was financed and coordinated by the Venereal Disease Branch of the U.S.P.H.S., and encompassed principally diagnostic procedures and schedules of therapy. It was found that of several tests, the cultural methods already in use by the San Francisco Health Department laboratory still afforded the highest diagnostic yield in those studied. It also demonstrated the need for larger doses of medication than have been generally used heretofore. Studies showed that San Francisco had a greater proportion of strains relatively more resistant to therapy than any other area of the Country.

The Division, with Federally-supported personnel, continued in the expansion and refinement of means for informing the public concerning certain aspects of venereal diseases. The Information and Education Specialist, principally involved with the mass media, however, left San Francisco in September, 1965 and has not yet been replaced. Recently, there was information to the effect that a person appropriately qualified had been selected and would soon be assigned to the Bay Area, with the State Department of Public Health as his base of operations. Since mass media are area-wide, it is felt that this is probably a better plan. The Educator, working principally with school-age children, continued to make progress despite certain obstacles, and expects to continue along the same lines during the coming year. Recently, though, the Department was informed that Federal support for this position would end after June 30, 1967. It is hoped the City will be able to continue what seems to have been a good beginning.

Several months ago, the City approved the Yerba Buena Redevelopment Project. Since the building presently housing the Division's activities is among those to be demolished, efforts will be made to find adequate and suitably located quarters.

DIVISION OF TUBERCULOSIS CONTROL

The Division of Tuberculosis Control is a unit of the Bureau of Disease Control. Its administrative offices are located in the Central Office of the Health Department where it also maintains (1) a Tuberculosis Case Registry; (2) a Registry of Tuberculin reactors and converters; (3) a Survey Registry of cases having suspicious findings; (4) a Registry and Chest Diagnostic Center for the follow-up of school children who either have positive tuberculin reactions or have had demonstrable tuberculous lesions; (5) two complete chest x-ray units for survey and for diagnostic purposes; and (6) a film processing and reading center. It maintains a major chest clinic at San Francisco General Hospital for diagnosis, treatment and follow-up supervision of tuberculous patients, as well as offering medical services to patients with other pulmonary diseases. This Clinic also supervises admissions to and discharges from the Tuberculosis Section of the San Francisco General Hospital. With assistance of a Federal grant, three decentralized chest clinics are operated in districts known to have special problems in the care and follow-up of tuberculosis patients, for the examination of tuberculosis contacts and for prophylactic treatment of tuberculin converters and certain tuberculin reactors. These decentralized clinics have been effective in reducing the clinic visit delinquency rate from 25% to less than 5% and thus provide a major contribution in the reduction of tuberculosis prevalence in the community.

In general, the services of the Division of Tuberculosis Control are regulatory, investigative and preventative and as such are related to or cross those provided by all other service bureaus within the Health Department.

SERVICE PROGRAMS AND RESULTS

A. Casefinding:

1. By X-Ray Survey: The Division participates with the San Francisco Tuberculosis Association, the San Francisco Medical Society, the Sheriff's Office at County Jail #1, the San Francisco General Hospital and the Northeast Health Center in the interpretation and investigation of all suspicious chest x-rays taken in their facilities. It also operates its own chest survey unit plus a complete diagnostic x-ray facility at the Central Office of the Health Department. The results of these x-ray units are given in Table I:

TABLE I

TUBERCULOSIS CASE FINDING BY X-RAY BY LOCATION OF UNIT FOR 1964 and 1965

Unit Location	1965 No. of Films	1965 Active TBc.	1965 Lung Cancer	1964 No. of Films	1964 Active TBc.	1964 Lung Cancer
101 Grove: 70 mm	23,985	26	6	22,797	28	6
14x17	1,151	47	9	1,277	64	4
Total - - - - -	25,136	73	15	24,074	92	10
S. F. Gen. Hospital Admission Program	13,024	49	16	10,536	48	none indicated
S. F. Jail #1	5,619	20	3	3,944	11	0
S. F. Medical Society	21,008	15	16	20,058	18	11
S. F. Tuberculosis Ass'n (Mobile Unit)	46,759	36	9	49,238	37	7
Northeast Health Center	2,456	5	1	2,469	5	2
TOTALS	114,002	198	60	110,319	211	30

SOURCE: Division of Tuberculosis Control

2. By School and Pre-school Tuberculin Testing: Beginning with the school year 1956-57 the Division has conducted routine tuberculin testing of students in the first, seventh, tenth and twelfth grade levels and all new students entering the schools from out of the city, regardless of grade level. This has been not only a highly productive case finding procedure, but the number of positive tuberculin reactors serves as a notice to health authorities of the prevalence of tuberculosis within the community.

During the school year 1964-65, 32,439 students were tested and of which 771 (or 2.4%) were found to be positive reactors. The testing yielded 45 active cases in the schools, and 17 additional cases in the family or household contacts. For comparative data, the following table is given for prior years:

TABLE II

SCHOOL TUBERCULIN TESTING, 1956-1965

SCHOOL YEAR	STUDENTS TESTED	POSITIVE REACTORS NUMBER	PERCENT	SCHOOL CASES FOUND	FAMILY CONTACT PLUS SCHOOL CASES FOUND	TOTAL CASE RATE PER 1000 TESTS
TOTAL	274,356	12,406	4.5	344	513	1.9
1956-57	25,286	1,482	5.9	44	62	2.4
1957-58	16,804	1,125	6.7	32	42	2.4
1958-59	29,541	1,765	6.0	44	62	2.1
1959-60	34,023	2,267	6.7	54	93	2.7
1960-61	28,689	1,771	6.2	38	58	2.0
1961-62	32,005	772	2.4	16	30	0.9
1962-63	35,335	1,369	3.9	47	68	1.9
1963-64	40,559	1,074	2.6	24	41	1.0
1964-65	32,439	771	2.4	45	62	1.9

3. By Contact Follow-up: The reporting of a new case immediately initiates registration in the Tuberculosis Registry, which in turn alerts the District Health Office in which the new case resides. An extensive and systematic epidemiological investigation of all household, familial and environmental contacts is done at the district level. The investigations not only yield a fair percentage new cases, but more particularly point out those in need of preventative measures and prophylactic treatment.

B. Case Reporting:

All new cases of tuberculosis are legally required to be reported to local health agencies by provisions of the State Health and Safety Code. Also State licensed laboratories are required to report positive bacteriological findings. The Tuberculosis Registry maintains up-to-date recordings of all such reports and notifies all participants in the Tuberculosis Control Program. These records are maintained for two years after a patient has completed his treatment.

TABLE III

REPORTED NUMBER OF CASES AND CASE RATES, AND NUMBER OF DEATHS AND DEATH RATES FOR 1964 AND 1965

	1965					1964				
RACES	POP.	NO. OF CASES	CASE RATE	NO. OF DEATHS	DEATH RATE	POP.	NO. OF CASES	CASE RATE	NO. OF DEATHS	DEATH RATE
TOTAL OF ALL RACES	750,500	485	64.6	61	8.1	755,700	502.	66.4	60	7.9
WHITE	585,500	254	43.4	47	8.0	593,200	279	47.0	44	6.9
NEGRO	91,000	109	119.8	4	4.4	89,400	110	123.0	6	6.7
CHINESE	42,600	72	169.0	7	16.4	42,400	65	153.3	9	21.2
FILIPINO	15,500	32	206.5	2	12.9	15,300	24	156.9	3	19.6
JAPANESE	11,500	7	60.9	0	0	11,300	9	79.6	1	8.8
OTHERS	4,400	11	250.0	1	22.7	4,100	15	365.9	0	0

SOURCE: DIVISION OF TUBERCULOSIS CONTROL

C. Case Isolation:

Tuberculosis is a serious communicable disease and health authorities are responsible for the isolation of active tuberculous cases through specific sections of the State Health and Safety Code. A health officer may confine an active case under a legal order of isolation in a suitable institution or at home if the latter is acceptable to prescribed conditions set forth by the health officer.

D. Case Treatment:

The development of new chemotherapeutic agents have remarkably changed the treatment of tuberculosis. Although hospitalization has been considerably shortened, out-patient or home care has been extensively prolonged. Patients remain on anti-tuberculous chemotherapy for two years as a rule, but longer when indicated. Artificial or surgical collapse therapy is now obsolete and surgical methods are presently a rarity.

Table IV shows the increasing number of out patient visits since 1950:

TABLE IV

CHEST CLINICS 1950-1965

YEAR	TOTAL PT. VISITS	PT. VISITS FOR CHEMOTHERAPY		PT. FOLLOW-UP WITHOUT TREATMENT (Observation-Contacts	
		No.	%	No.	%
1950	26,139	3,833	14.7	22,306	85.3
1955	33,262	19,975	60.1	13,287	39.9
1960	29.039	25,966	89.5	3,343	11.5
1961	28,499	25,049	89.4	3,450	10.6
1962	31,337	28,645	91.4	2,692	8.6
1963	40,318	37,420	92.8	2,898	7.2
1964	46,231	43,293	93.6	2,938	6.4
1965	50,053	46,022	91.9	4,031	8.1

Source: Division of Tuberculosis Control

E. Case Prevention:

Although case prevention is a prime function of the Division of Tuberculosis Control, it could not be efficiently accomplished without the aid of other bureaus within the Health Department and certainly not without the assistance of the District Health Centers. The latter conduct epidemiologic investigations and refer all contacts to active cases for X-rays and tuberculin testing. Contact examinations are usually not cleared with a single examination, but are kept under observation with periodic check-ups until satisfactory clearance can be obtained. This is especially true for intimate contacts such as those within the family or household, and certain close environmental contacts such as social, school,employment, etc. Prophylactic anti-tuberculous chemotherapy is administered to those contacts with recent conversion of tuberculin skin tests and is also offered to those whose contact was prolonged and intimate but who have not yet produced a positive tuberculin test. Such preventative measures have been successful in reducing the prevalence of this disease.

F. Problems:

1. Although there has been a slight reduction of newly reported cases of tuberculosis in San Francisco during the year 1965 the control of this disease still has major problems. San Francisco, being an attractive seaport city, has many migrants from areas where tuberculosis is highly prevalent. These people tend to concentrate in communities within the community where they have common social and cultural characteristics which are peculiar to certain ethnic groups. These little communities always have problems of housing and over-crowding and it is within these areas that approximately 85% of our newly reported cases come. The decentralization of clinic services in which tuberculosis care has been brought immediately to these people has greatly assisted in tuberculosis control and has been a means of keeping cases under constant surveillance and treatment. It is likely that these services in the future may need further expansion. The tuberculosis case rate in San Francisco is one of the highest in the nation and to reduce this it will be necessary to expand case finding methods and increase epidemiologic studies - all of which require additional personnel, particularly physicians and public health nurses.

2. The Division has been harassed during the past year by lack of clerical personnel. In many cases, clerk typists and clerk stenographers have been needed, but have not been available. The main problem in these categories has been the constant turnover of employees because of limited tenure or temporary appointments. Training of personnel is time consuming, and efficient work output is interrupted by these changes.

3. Patients whose disease is due to resistant tubercle bacilli seem to be increasing, and present problems in therapy when use of toxic medications becomes necessary. Increasing laboratory tests become necessary for sensitivity testing of these organisms, and for detection of body or visceral damage caused by these drugs. It is not anticipated that this additional work can be alleviated in the near future.

G. Future Planning:

1. To increase efficiency and communication within the Division, the Administrative Central offices should be concentrated on one floor. The tuberculosis case register, the survey, the registry for the tuberculin converters and reactors, and the chest diagnostic center will function better when they are adjacent. It is expected that this change can be accomplished during the next fiscal year.

2. A complete study of the record keeping system reveals most of it is antiquated and cumbersome. A complete modernization of record keeping, use of addressograph cards for identification, and a rotary file system for rapid record retrieval, with a minimum effort and time, is planned to be implemented during the next fiscal year.

3. The Division has developed a teaching program for professional and non-professional groups within the community, and has extended these services to the University of California Medical Center. During this past year many physicians from all over the United States, have visited the department to study our methods. The United States Public Health Service has been recommending the San Francisco plan as a universal model for the remainder of the country. It is planned to continue these services and to expand them within the limits of available facilities.

4. During the past year the Division began a study of reactivation of tuberculosis patients who had been declared to be inactive over a period of five years. It was discovered that a significant number of reactivations occurred. This study will be expanded to include those persons who died from tuberculosis which was first reported at the time of death. These studies will be productive and will reach core areas not currently surveyed.

5. The Division plans to continue to evaluate tuberculin skin testing as an epidemiologic tool. This should produce further reduction in the prevalence of tuberculosis in San Francisco.

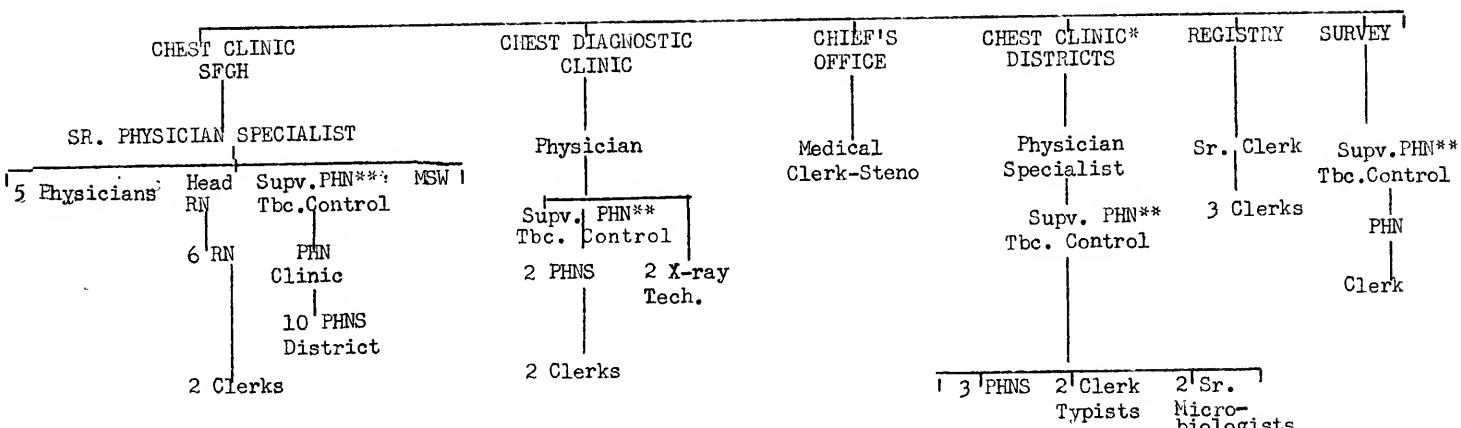
6. The Division plans to cooperate in a social and behavioral study of staff and patients in order to increase the effectiveness of treatment methods and to study the conduct and attitudes of patients as well as staff. This study will be shared with the National Tuberculosis Association and the United States Public Health Service.

DIRECTOR OF PUBLIC HEALTH

PROJECT DIRECTOR
ASSISTANT DIRECTOR OF PUBLIC HEALTH
FOR PUBLIC HEALTH SERVICES

CHIEF, BUREAU OF DISEASE CONTROL

CHIEF, DIVISION OF TUBERCULOSIS CONTROL



* Proposed District Team
** There is only one Supervising Public Health Nurse for the Tuberculosis Control Division Functionally, she is a part of the four Clinic Divisions.

BUREAU OF PUBLIC HEALTH NURSING

The Bureau of Public Health Nursing is responsible for providing the generalized public health nursing service needed to carry out the various programs of the Health Department. It is the particular responsibility of the Bureau to co-ordinate and plan for all nursing services in the district health centers and specialized services as well as to insure that a high quality of performance is maintained.

The public health nurses in the five health districts provide instruction, counseling, guidance and demonstration of care to individuals and families in homes, schools, child health conferences, and other health department clinics. Those nurses assigned to specialized services, such as the tuberculosis and venereal disease clinics, have completed at least two years in generalized public health nursing and have demonstrated an interest in and ability to develop nursing roles in those programs to which they are assigned.

As public health nurses have become more skilled and knowledgeable in their particular field, it has been necessary to add registered nurses to the health team who are prepared to carry out many of the technical tasks. These nurses have been included in the specialized clinics for some time. In line with over-all departmental re-organization, they are now assigned to the same supervisor responsible for the public health nurses in the specialized unit. This allows for greater co-ordination of effort and insures a safe professional level of service.

RELATIONSHIPS

Since nursing is the major service in most health department programs, it is necessary that a close-working relationship exist between this Bureau, program chiefs, district health officers, and top administration. Such a relationship is becoming increasingly possible as re-organization takes place. As public health nursing administrators are assigned to each of the five districts, they will assume responsibility for planning and evaluating the nursing services at the district level. Working together with the health officer, health educator, inspectors, and mental health personnel so that service in each community is better co-ordinated, could result in closing gaps in service which may now exist due to improper planning.

The reassignment of supervisory personnel has permitted closer communication with staff and increased opportunity for staff development through planned conferences and in-service education. There has been more active participation in the evaluation and modification of existing programs by both supervisors and staff nurses. The responsibility of the public health nurse in the child health conference, immunization clinic, and school health program has been more clearly defined. This has resulted in releasing of nursing time for true public health nursing function. In some instances non-nursing duties were passed on to clerks or volunteers or eliminated entirely.

ACTIVITIES

Activities in the districts have increased in the past year. Federally funded projects and the desire of other community agencies to work together on programs, accounts for some of this increase. The maternal and infant care project for the prevention of mental retardation got under way. Nurses participating in this effort have learned to co-ordinate their services with those of other disciplines in providing total care to the pregnant woman. Through in-service training and exploration of the effects of more intensive visiting, they have found that some women respond well to a planned continuity of service from those who care.

The Elementary and Secondary Education Act permitted employment of additional nurses for several months so that more service could be given to school age children in the poverty areas. The period was too brief to show any change due to increased time available for teacher-nurse, parent-nurse, or other types of coordination of efforts, either to prevent or correct health problems which might interfere with the ability of children to benefit from their education.

Two public health nurses co-operated in a joint effort with the YWCA and school department to reach the pregnant teen-age girls who could no longer attend formal classes. These nurses conducted two discussion sessions each week on pregnancy and general health practices. They found that emotional problems surmounted all others and that they had to develop many skills in handling these and other problems in the group. Referrals were made to nurses in the district so that individual instruction could be given as needed.

As in the past, classes were held for expectant mothers in the Sunset and North East districts. Sessions were also held in the Mission Neighborhood Center on an unstructured basis for teen-age girls in order to prepare them for parenthood and to assist them in understanding their young children.

The in-home services project with San Francisco Homemaker Service continues to demonstrate that many elderly or chronically ill persons do well at home with someone to carry out the housekeeping or homemaking duties.

The plans for placing public health nurses in San Francisco General Hospital to assist with better co-ordination of nursing service between hospital and home became a reality. One nurse was assigned to the maternity and pediatric area, another to the tuberculosis unit, and the third to adult wards. These nurses interpret available public health nursing services to physicians, nurses, social workers, patients and their families. They arrange for appropriate referral to the district public health nurses and other community agencies, and secure pertinent information from the districts that may affect the planning for medical follow-up at clinics, following discharge. No doubt remains about the effectiveness of this co-ordination of effort. Serious consideration should be given to a plan for similar service in the psychiatric unit during the next year.

Although more than fifty percent of nursing time was spent in schools, child health conferences, immunization clinics and inter-agency conferences, there were 54,534 home visits completed in the fiscal year 1965-66. Of these approximately 29% were in behalf of school age children; 26% in behalf of infants and preschool children; 5% to persons over 65 years of age, and the rest to other adults. There were 14,505 admissions to service, of which 11,098 were to persons who had not previously received service. There was an increase in the number of visits for all areas of service, except communicable disease. The largest increases appeared in chronic illness, mental health, and maternity respectively.

STUDENT PROGRAMS

The contribution of health department to the education of medical and health related personnel is becoming increasingly important. Public health nurses provide many observational experiences for students in medicine, nutrition and community mental health. In addition, they contribute to the discussions which follow such experiences in order to better interpret their responsibilities in line with overall health department functioning.

Basic nursing students from three collegiate programs received their field experience in public health in this department. In addition, first and second year students from one school were introduced to family health in conjunction with other areas of study. Such experiences are arranged by the public health nurses who carry overall responsibility for on-going service. Selected experiences were arranged for graduate as well as undergraduate students in special areas of study.

FUTURE PLANS

Every effort will be made to continue the evaluation of on-going service and to modify operations as necessary to meet new demands for service. The addition of the two registered nurses secured in the current budget, though insufficient in number, presents an opportunity to release much-needed public health nursing time. Successful recruitment of a consultant in maternal and child health will permit nurses to make a positive contribution in the prevention, early detection and correction of remedial handicapping conditions. If mental health services can secure one well-qualified mental health nurse consultant, it will be possible to look forward to better co-ordination of efforts with the various mental health programs and allow for greater appreciation of the public health nurses' role in community mental health.

The need to standardize and modify the present statistical report of nursing services continues. Progress has been made in this area and it is expected that a plan for better reporting will be developed in the next few months.

Many new programs are on the immediate horizon. They will all require additional nursing time. There is a real limit to the number of available nurses in any one community. A major part of plans for the future must include looking carefully at other ways of carrying out the routine procedures snd determining the level of worker best qualified to do the job. Better use of registered nurses, licensed vocational nurses, aides, and especially of clerks will enable public health nurses to get on with the job for which they are best prepared.

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THE DISTRICT HEALTH CENTERS

The San Francisco Department of Public Health has decentralized many of its services by dividing the City into five districts and establishing a District Health Center in each one. This system brings the staff closer to the people served, and allows for program planning according to the needs of the individual district. Each Center is under the direction of a District Health Officer, who is a full-time physician with special training and experience in Public Health. These centers are directly responsible to the Assistant Director of Public Health, Public Health Services.

The past year has seen extensive changes in the organization, staffing, and activities of these Centers. The reorganization and merger of the previous nine districts into the five larger districts has continued according to plans that were conceived about five years ago. In December 1965, the first of the new buildings, Health Center No. 1, (Eureka-Mission) was completed. Health Center No. 2 will be completed late in 1966, Health Center No. 3 was started in June 1966, and plans for Health Centers No. 4 and 5 were on the drawing boards as the year ended.

As the Health Center staffs were combined, additional public health nursing supervisors were appointed, bringing the ratio to one supervisor to 8 to 10 staff nurses. Each Center will also have a District Administrative Nurse, as soon as these positions can be filled. After the completion of Health Center No. 1, the Environmental Health Inspectors serving that area were moved out of the Central Office at 101 Grove Street into the new center. As the other centers are completed, the other Inspectors will be moved into the districts. Two Health Educators were also assigned to the districts for the first time.

The major responsibilities of the District Health Centers are:

1. Maternity Supervision

All expectant mothers attending the San Francisco General Hospital Prenatal Clinic are visited periodically by the district nurses to make sure that they understand the physician's instructions, to help them prepare for the new baby and, after the delivery, to demonstrate the principles of infant care. Several of the centers offer classes for expectant mothers. Plans are now under way for fertility, cancer screening and family planning clinics to be held in the District Health Centers.

2. Infant and Child Care

Thirty-six weekly Child Health Conferences are held in the centers and several substations to offer well-child supervision and immunizations for infants and pre-school children for families who cannot afford such care privately. The mothers are encouraged to discuss any problems of growth and development, feeding, toilet training, and discipline. Referrals to private physicians or clinics are made if further treatment is needed. An average of 15 children are seen at each session. Pre-school physical examinations and vision tests are offered in the centers during the summer.

THE DISTRICT HEALTH SERVICE

The San Francisco Department of Public Health has decentralized [illegible] services by dividing the city [illegible] five [illegible] and establishing a District Health Center in each [illegible]. These centers bring the full range of services to the people served, and assure [illegible] planning according to the needs of individual districts. [illegible] the director [illegible] of a District Health Officer, who is a full-time physician with special training and experience in public health. These centers are [illegible] District Bureaus of Public Health, Public Health Services.

The past year has been a time of change in the organization and [illegible] activities of the District Health Centers. [illegible] and design [illegible] districts [illegible] Interior Distribution [illegible] were completed [illegible] 1955, the first of the new buildings [illegible] District Health Center [illegible] was [illegible] Health Center No. 2 will be completed [illegible] in 1957. [illegible] 3 was started [illegible] 1956, and plans for Health Centers [illegible] on the drawing [illegible] as the year ended.

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3. School Health Program

The health program in the public and parochial schools is a function of the district public health nurses. The nurse maintains health records on all children, coordinates the school program for pupils with special health problems, and acts as a liaison between the home and the school. With the help of volunteers, she screens the students periodically for vision and hearing defects and for tuberculin sensitivity. The Central Health Committee, made up of administrative personnel from the Board of Education and the Department of Public Health, plans and coordinates the school health program.

4. Communicable Disease Control

Because of widespread use of routine immunization and modern sanitation, most acute communicable diseases have become quite unusual. Sporadic cases of meningitis or infectious hepatitis require some investigation and follow-up. Of greatest public health importance are the venereal diseases whose incidence has risen markedly during the past decade. In San Francisco, cases of venereal disease are investigated and treated by the City Clinic at 33 Hunt Street, and are seldom referred to the District Health Center.

To maintain the immunity of school children, the District Health Centers hold immunization clinics once or twice a month.

5. Tuberculosis Control

Because of the advanced age of San Francisco's residents, the large "Skid Row" population, and the large number of non-white residents, the rate of new cases of tuberculosis is far above the national average. The public health nurses visit all households in which a case has been found to make sure that all contacts have been examined for evidence of infection. Modern treatment and chemotherapy have greatly shortened the hospital stay of many of these patients. The nurses visit them regularly at home to encourage them to follow the doctor's orders about isolation and medication, and to see that all contacts are tested periodically.

In the schools, all first, seventh, tenth, and twelfth grade students are tested annually for tuberculin sensitivity, followed by examination and x-rays of all positive reactors and investigation of all family and close contacts.

Two of the District Health Centers now have decentralized branches of the Chest Clinic. This has greatly improved the follow-up of cases of tuberculosis and will probably be expanded in the future.

6. Dental Care

Four of the five district health centers offer dental care for young children of indigent families. Free or part-pay dental care for older children and adults is a serious unmet need in all the districts.

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

7. Mental Health

The district nurses are seeing an ever increasing number of mental health problems - preschoolers with behavior problems, students with school phobia or learning failures, the dropouts, the unwed pregnancies, delinquents, alcoholics and senile psychoses. Helping the families to recognize the problems and then finding facilities that will accept them for treatment are some of the nurses' most difficult tasks.

Two of the centers offer limited treatment for families with disturbed children by staff from the Child Psychiatric Clinic. In the near future, Mental Health Teams will be added to Health Center staffs to provide diagnosis, evaluation, and some direct service.

8. Chronic Illness and Aging

One hundred thousand San Franciscans have reached the age of 65. A very high percentage of these residents have chronic illness or disability, and many live on very marginal incomes. Many live alone and are unaware of, or unable to obtain, the medical and social services that they need. The new Federal and State programs that provide funds to pay for the hospital or in-home services that they need, make it imperative that case finding be stepped up so that these services may be used where they will be most beneficial.

9. Information and Referral

An important function of the health center is to provide accurate and up to date information to the public on matters of health practices and medical care, and to make proper referrals when services are needed.

10. Health Education

Because of the wide variety of cultural groups in the community, there is a great need for personnel who can interpret the goals of the Health Department to them in meaningful ways. The fact that many of them do not use services that are readily available emphasizes the need for developing other than conventional means of communication. The two health educators that were recently assigned to the districts are working with various community groups, voluntary agencies, and neighborhood councils with gratifying results.

11. Environmental Inspection

The recent assignment of the Environmental Health Inspectors to one of the districts has added another of the health disciplines to the district teams. Most of the Inspectors will be decentralized as the other new centers are completed.

12. Community Activities

The Civil Rights movement and the War on Poverty Programs have awakened many groups to the needs of their people and stimulated them to work toward solutions. The staff of all the centers are working with neighborhood councils, planning groups, action committees striving to find the answers to their problems.

13. Student Training

The District Health Centers provide field work and observation experience to a wide variety of students - medical students, nursing students, social workers, psychiatric residents, nutritionists and dieticians.

HEALTH DISTRICT NO. 1 (EUREKA-MISSION)

Health District No. 1 is the result of the union of the former Eureka-Noe and Mission Health Districts. The Health Center occupies the newly constructed building at 3850-17th Street, the first of the five projected Health Centers. The staff moved into the building in December 1965, and it was opened to the public in January 1966. In addition to the personnel who previously staffed the Eureka-Noe and Mission Health Centers, the Environmental Health Inspectors working in this area were moved from 101 Grove Street, and a Health Educator was assigned half-time.

The new district occupies a central area of the City, extending from the Bay on the east to Mount Davidson and Mount Sutro on the west, from the Southern Freeway and Army Street on the south to Townsend, Market and 17th Street on the north. It includes census tracts K5 and 6, L1, 2, and 3, N1 through 15, O1 and 5. The population was estimated at 141,000 in 1965. The population of the district is younger, has fewer non-whites and more Spanish-speaking people than the population of the City as a whole. Within the district, there is a wide range of socio-economic levels. Much of the district is occupied by older, multiple-unit dwellings, often illegally converted; and low incomes, unemployment and transiency are high in these areas.

Because of the youthful population, the death rate of the district is below that of the City and the birth rate is considerably above the rate for the City as a whole. The rate of new cases of tuberculosis is twice the national rate, but less than the overall rate for San Francisco.

The important public health problems of the district are the need for adequate prenatal and infant care for low-income and non-English speaking families, early detection and referral of health problems in school children, surveillance of tuberculosis cases and their contacts, and enforcement of the housing codes to insure a healthful environment for the residents.

The War on Poverty Program has become an active and vigorous force in the district. The residents of the community are becoming participants in the movement to develop a better life for themselves. The staff of the Health Center cooperates with them in many ways and participates in orientation and training programs.

HEALTH DISTRICT NO. 2 (WESTSIDE)

Health District No. 2 is the result of the combination of the old Westside District with the Marina area and parts of the previous Central District. It is made up of census tracts B, C and J. At the present time, the staff serving this district is located in three different offices, one-third is located at Greenwich and Steiner, one-third at Sutter and Pierce, and the rest in the Central Office building at 101 Grove Street.

Construction of the new health center at Ellis and Pierce began in 1966 and should be completed by late 1966. The new Center will provide space for all the public health nurses serving the area, plus the health inspectors who are at present located at the Central Office.

The three census tracts that make up the district are markedly different from each other. Census tract C, the Presidio, is the home of a relatively young military population. Census tract B, the "Marina" and "Pacific Heights" contains an elderly, almost entirely white, more affluent population. The population of census tract J, the Western Addition, Haight-Ashbury, and Hayes Valley, is heavily non-white and younger.

The population of concern in this district falls into three groups. One is the senior citizen, often living alone, with multiple chronic illnesses, often with mental or alcoholic problems, and frequently on limited income. The second is the Negro, living in the urban ghetto, in poverty, lacking education and training to compete in today's job market. The third group are the "beats" who have alienated themselves from the mainstream of society but who do need services primarily in the area of maternal and child health.

Because of the high birth rate and low income level of the population, maternity supervision takes up a large proportion of the district nurses' time. Two special projects have been operating in the district in this area. The "Y Project" is directed toward helping the young married mothers. The Maternal and Infant Care Project offers a wide range of services for high-risk low income mothers of three census tracts of the Western Addition.

Tuberculosis is another serious problem of the Western Addition. Follow-ups have always been difficult because of the marked transciency of this group. The establishment of decentralized chest clinics in the Westside office has greatly improved their care.

The War on Poverty Program and the redevelopment of the Western Addition have stimulated considerable interaction between the citizens and various government agencies. The staff of the Center, and particularly the Health Educator, have been increasingly involved in working with the community that is making a valiant effort to direct its own destiny.

HEALTH DISTRICT NO. 3 (BAYVIEW)

Health District No. 3 covers the central and eastern part of the southern border of the City and includes census tract 08-9, M & L4 and 5. The population of 151,500, about 25% non-white, is the youngest in the City. There are about 8% over 65 years of age as compared with 14% for the City as a whole. The previous Alemany and Hunters Point districts were combined in 1965, but the staff is continuing to work out of the two centers until the building is completed. The new Health Center, located at Silver Avenue and San Bruno, was started in June 1966 and will probably be completed in mid-1967.

In the Hunters Point area, about 50% of the population is Negro and a large percentage of them live in housing projects. The primary public health problems of the district are maternity supervision, tuberculosis follow-up, and provision of preventive and casefinding services for infants and school children. The staff have worked closely with the Bayview District Council and other community groups in their efforts to study the problems of the district and work out solutions. The Alemany district staff also carry heavy case loads of maternity cases, children with handicapping conditions, tuberculosis, and chronic illness.

HEALTH DISTRICT NO. 4 (NORTHEAST)

Health District No. 4 covers the northeast corner of the City and combines several areas of marked diversity - North Beach, Chinatown, Nob Hill, downtown, the Tenderloin, and the South of Market area. The population of 113,300 includes about 30% non-whites, most of whom are Chinese. The district is very crowded, with a population density exceeded only by Manhattan Island. Almost 95% of housing in the area is multiple unit dwellings. The average age of the residents is the highest in the City, and the birth rate the lowest.

The public health problems of the district are almost endless. The Chinese, though most have lived in the City for many years, still cling to the ways of living that they brought from China. Poor dietary habits, inability to speak English, inability to find a decent job, and chronic illness drive many of the older generation to desperation and suicide. The continued immigration from Hong Kong perpetuates these problems. There are inadequate medical and social services in the area, but these people are very reluctant to leave Chinatown to seek such services elsewhere. The follow-up of tuberculosis among this group has greatly improved since a branch of the Chest Clinic was opened in the District Health Center.

The population of the Tenderloin, Skid Row and South of Market presents other problems. The elderly single males living in cheap hotels or rooming houses suffer from tuberculosis, alcoholism, poor nutrition, cirrhosis, and other chronic illnesses. Many of them resist all efforts to help them. There are also the unwed mothers, pregnant girls, homosexuals, drug addicts, and many individuals hiding from authorities for many reasons. Provision of services for these people is very difficult because they usually won't seek help until their condition is desperate. This is a very transient community and follow-up is very difficult.

The present health center is located in the basement of the Ping Yuen Housing Project at Stockton and Pacific. It is very small and crowded, and cannot permit any increase in staff or services. At present, other medical and preventive services in the district are woefully inadequate, and many of these residents are unwilling to seek care outside of their neighborhoods. Many community groups are working with the Health Department on the plans for the new Health Center. At present, a suitable site has not been located. Perhaps the Health Center will be combined with some of the other services that are so urgently needed, such as an outpatient clinic, psychiatric day center, and an emergency hospital.

HEALTH DISTRICT NO. 5 (SUNSET-RICHMOND)

Health District No. 5 is the result of the combination of the old Sunset District with the Richmond area. The district now includes census tracts D, E, F, G, H, I, 02, 03, 04, 06, 07, P.Q. and R. It is an almost entirely residential area, occupied primarily by single unit dwellings or small apartment houses. The population, recently estimated at 181, 200 is about 95% Caucasion. The non-white group is almost entirely made up of the Chinese living in the Richmond District. The income and educational levels of the residents are the highest in the City and employment and transiency are low.

In September of 1965, the Public Health Nurses serving the Richmond area were moved to the present Sunset Health Center at 1990 41st Avenue. Although this building is relatively new and in good condition, it is very small and plans are being prepared for the new Health Center to be started in late 1967 in an area more accessible to the Richmond residents, at 24th Avenue and Irving St.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

In the meantime, in order to accommodate the new staff, a partition was built in the large meeting room to provide space for the six nurses and their supervising nurse.

The population of the district is relatively old, with 25,000 having reached the age of 65. For this reason, the death rate is high and the birth rate relatively low. The major public health programs in the district are the school health services, the casefinding and coordination of services for the chronically ill and aging, tuberculosis, alcoholism and mental illness. A Federally founded project, in cooperation with the San Francisco Homemaker Service, has been providing in-home services for the chronically ill and aging of the district for the past three years.

FUTURE TRENDS AND RECOMMENDATIONS

Change is the order of the day. Recent Federal and State legislation will undoubtedly alter the provision of medical services and the role of the District Health Centers will surely be expanded. The next few years will see the completion of the other health center buildings, the relocation of staff, and an increasing autonomy of the districts. Community groups will work more closely with health center personnel in the planning and organization of services according to the needs of the residents of the area. Improved communcation with hospitals, welfare agencies, and social services will be essential. Some of the services that are being proposed for inclusion in the district programs are:

1) Mental Health team - a Psychiatrist, Psychiatric Social Worker, and a Public Health Nurse to be added to the district staff to give direct and indirect services.

2) Fertility, cancer screening and family planning clinics in the district centers.

3) Chronic Illness and Aging - expansion of the Demonstration Project into other districts, and eventual evolution into a chronic illness program for the whole Department.

4) Expansion of the decentralized chest clinics and x-ray facilities for tuberculosis follow-up.

5) Social Services - social workers are urgently needed in the District Health Center to help the staff cope with the complex social and financial problems of the people they serve.

6) Expansion of health education services in all of the districts.

7) Follow-up clinics for prenatal and medical patients referred by San Francisco General Hospital.

[illegible]

[illegible]

[illegible]

On March 10, 1966, Laguna Honda Hospital completed the first 100 years of service to the residents of San Francisco.

Laguna Honda was established March 10, 1866, as an ambulatory residence to care for the homeless and unemployed men of San Francisco. In 1867 an infirmary was added and in 1908 a hospital section to care for the chronically ill. Bond issues financed the present hospital buildings which were completed in the late 1920's, and modernized and reconstructed during the period 1955-59.

Bed Utilization.

The recognized National percentage of bed occupancy is 80%, and Laguna Honda has exceeded this national average consistently for the past 4 years. The percentage of occupancy for the entire hospital was 86%. Separated by departments, the rate of occupancy is as follows:

PERCENTAGE OF OCCUPANCY

Service	1964-65	1965-66
Hospital	98.81	99.00
Special Wards	90.23	93.22
Modified Hospital	72.27	71.75
Rehab Wards L4 & O4	72.26	46.44
Rehab Wards E4 & F4	79.38	80.46
	86.52	85.96

An analysis of this schedule reveals that the hospital occupancy rate is still increasing while the modified hospital's ambulatory occupancy has decreased. Rehab Wards L4 and O4 show a low occupancy rate due to difficulties in obtaining approval for care rendered under existing welfare programs. This problem has been resolved by consolidating the rehabilitation budget with the main hospital budget on July 1, 1966.

Patient Days have declined from last year's total of 668,594 to 651,365. This decline was due to remodeling of Wards C2 and C3, and a reduction in rehabilitation patients.

The table on the next page will help in the analysis of patient census:

[illegible] years of
service to the [illegible]

[illegible]
to care for [illegible]
Chimney [illegible] [illegible] Medically [illegible]
food issues [illegible] [illegible] [illegible] in the
late 1920's, and [illegible]

[illegible]

The [illegible]
[illegible] exceeded [illegible]
[illegible] percentage of [illegible] medical was [illegible] Government [illegible]
the rate of [illegible] in [illegible]

[illegible]

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

An [illegible] [illegible] rate is
still in [illegible]
Fabian Works [illegible] [illegible]
approval [illegible] [illegible]
been [illegible]
budget on [illegible]

Fabian [illegible]
This decline [illegible]
[illegible]
ration policy.

The [illegible]

LAGUNA HONDA HOSPITAL
1965-1966 COST REPORT

CENSUS ANALYSIS

PATIENT DAYS (Actual)

Service	1961-62	1962-63	1963-64	1964-65	1965-66
Hospital	278619	307613	322072	295417	290732
Mental Hospital	76635	76579	73319	69955	72817
Modified Hospital	226071	216419	197833	171575	161852
Rehab. Wards L4 & O4	24647	21946	22359	19201	12205
Rehab. Wards E4 & F4				22310	22319
TOTAL:	605972	622557	615583	578458	559925

MAXIMUM PATIENT DAYS (Authorized)

Service	1961-62	1962-63	1963-64	1964-65	1965-66
Hospital	280320	307985	318054	298971	293665
Mental Hospital	79570	77745	77958	77532	78110
Modified Hospital	265720	259880	248685	237414	225570
Rehab. Wards L4 & O4	25915	27375	27450	26572	26280
Rehab. Wards E4 & F4				28105	27740
TOTAL:	651525	672985	672147	668594	651365

AVERAGE DAILY CENSUS

Service	1961-62	1962-63	1963-64	1964-65	1965-66
Hospital	763.2	843	880	809	798
Mental Hospital	210.0	210	200	192	199
Modified Hospital	619.3	593	541	470	443
Rehab. Wards L4 & O4	67.5	60	61	53	33
Rehab. Wards E4 & F4				61	61
TOTAL:	1660.0	1706	1682	1585	1534

PERCENTAGE OF OCCUPANCY

Service	1961-62	1962-63	1963-64	1964-65	1965-66
Hospital	99.4	99.88	101.26	98.81	99.00
Mental Hospital	96.31	98.50	94.05	90.23	93.22
Modified Hospital	85.08	83.28	79.55	72.27	71.75
Rehab. Wards L4 & O4	95.11	80.19	81.45	72.26	46.44
Rehab. Wards E4 & F4				79.38	80.46
TOTAL:	93.00	93.00	91.58	86.52	85.96

ADMISSIONS

1965-66

Service		
Hospital	396	35%
Modified Hospital	318	28%
Rehab. L4 & O4	192	17%
Rehab. E4 & F4	224	20%
	1130	100%

The admission analysis reveals that 72% of admissions require bedside medical care, an increase of 2%. The modified hospital admissions were 28%, a decrease of 2%. This is consistent with the changing function of Laguna Honda, from an ambulatory residence to that of a specialized hospital for the chronically ill. The following table will illustrate this change in function:

COMPARATIVE ADMISSION ANALYSIS.

Service	1963-64	1964-65	1965-66
Hospital and Rehab.	60%	70%	72%
Modified Hospital	40%	30%	28%
	100%	100%	100%

To meet this shift in function, Laguna Honda has converted two ambulatory wards to hospital wards.

DISCHARGES.

The total number of discharges during the past year, including deaths, was 1,193. This was an increase over last year by 152. Deaths rose from 251 to 293 and more patients were discharged to their homes.

DISCHARGE ANALYSIS BY CAUSE AND DESTINATION.

	1964-65	1965-66
Deaths	264	295
SFGH	279	267
Nursing & Rest Homes	135	120
Other Hospitals	19	14
Home	251	404
Hotel	52	54
Boarding Home	12	2
AWOL	29	37
	1041	1193

The average length of stay for all patients at Laguna Honda is 516 days. Analysis by department shows that the average hospital patient stays over 2 years, modified hospital approximately 1 year, and rehabilitation, 80 days.

DISCHARGE ANALYSIS.

Service	Days of Care	Average Length of Stay
Hospital	506,364	830
Modified Hospital	81,869	345
Rehabilitation	27,649	78
	615,882	516

The following tables of Discharge Analysis disclose the age, sex, race, and religion of our former patients:

DISCHARGES AS TO RACE.

White	1047
Negro	80
Philipino	11
Japanese	2
Chinese	43
Other	10
	1193

DISCHARGES AS TO RELIGION.

Protestant	504
Catholic	511
Jewish	19
Oriental	7
Other	152
	1193

DISCHARGES AS TO AGE.

1 - 13	--
14 - 30	35
31 - 45	69
46 - 65	408
66 - 80	426
80 +	255
	1193

It is also interesting tc note that 731 males and 462 females were discharged during the past year. The net death rate was 25% with an autopsy rate of 31%

CONSULTATION RATE.

Laguna Honda Hospital has a consultation rate of 80%, the recognized national minimum being 20%. A consultation includes an examination of the patient and his medical record by a qualified consultant who must write and sign his opinion which then becomes part of the patient's medical record.

1963-64 51%; 1964-65 79%; 1965-66 80%.

REVENUE.

Total cash from all sources was $4,562,684.51 for the fiscal year 1965-66. The largest source of revenue was the MAA program which amounted to $4,211,715.17. The Medical Assistance for the Aged program was abolished on March 1, 1966, and was replaced by the California Medical Assistance program which takes its authority from Assembly Bill 5, more commonly referred to as the Casey Bill. Under this program we will no longer be directly reimbursed for care of patients through the local Social Services Department, but must submit our bills for patients' care to the Blue Cross, which is acting as the fiscal intermediary for the State of California. We will submit bills for the month of March, April, May, and June, 1966, in the amount estimated at $1.8 million for patients' care during these months. These are shown as accounts receivable for the current fiscal year.

The other program, such as BA, ATD, and Medicare amounted to $401,856.44. Laguna Honda Hospital is also experiencing the tight money market by actually receiving less cash in the last fiscal year and by having a larger amount in accounts receivable.

COMPARATIVE ANALYSIS OF ACCOUNTS RECEIVABLE.

Fiscal Year	Amount
1963-64	$1,357,488.55
1964-65	1,447,662.12
1965-66	2,702,473.40

1965-66 COST REPORT COLLECTIONS.

Acct. No.	TITLE	
7611	Care of Patients	4,175,896.14
7611	Care of Patients - Rehab.	308,469.63
	Bureau of Delinquent Revenue	33,751.21
	TOTAL PATIENT CARE COLLECTIONS:	4,518,116.98
7619	Misc. Revenues - Meals	4,475.52
7619	Misc. Revenues - Fees	51.10
7619	Misc. Revenues - Other	394.69
9270-959.4	Public Trust - LHH Workshop	69.00
9270-959.6	Public Trust - LHH Gift Fund	849.00
9712	Sales Tax	189.24
9750-1880	General City Special Deposit	510.47
9806	General Govt. Expenditure Credit	1,992.51
	TOTAL COLLECTIONS:	4,526,648.51

COMPARISON OF COLLECTIONS.

	1962-63	1963-64	1964-65	1965-66	Increase or Decrease	% of Increase or Decrease
Patients' Care	5430304.60	4437634.72	5150632.24	4484365.77	(666266.47)	
Other	4424.32	9195.31	9867.01	8531.53	(1335.48)	
BDR	23173.25	31291.04	57298.60	33751.21	(23547.39)	
TOTAL	5457902.17	4478121.07	5217797.85	4526648.51	(691149.34)	

RECONCILIATION OF REVENUE 1965-66.

Total Cash Revenue collected		$4,526,648.51
Less Prior Year Billing received in 1965-66		-1,693,308.98
		$2,833,339.53
Accounts Receivable, 1965-66 (Est.)		
Account No.		
7611	$2,676,085.40	
7611A	26,388.00	
		$2,702,473.40
Actual and Estimated Revenues, 1965-66		$5,535,812.93

Controller's Estimate		
Account No.	Amount	
7611	$4,529,000.00	
7611A	620,677.00	
		$5,149,677.00
Revenues over Estimates		$ 386,135.93

BUDGET.

Preparation of the budget begins in the first week of September when the administrator requests from each department head his budget requirements for the next fiscal year. Each budget request is carefully reviewed and scrutinized by the administrator before it becomes part of the budget. When Laguna Honda Hospital budget is finally submitted to the Health Department, Central Office, it is a thorough financial and medical program for the next fiscal year. Control of budgetary expenditures by hospital administrative staff helps to keep supplemental requests to a minimum.

Analysing and comparing the 1964-65 and the 1965-66 budget reveals an increase in the budget of $467,672. The largest increase was in permanent salaries of $270,425; foodstuff increased $58,941; drugs, chemicals and gases only $5,000; hospital and laboratory supplies increased $12,281. Overall increases amounted to 7% increase of which the largest item was permanent salaries.

It was necessary to request supplemental budgets during fiscal year 1965-66 as follows:

Drugs	$22,721
Hospital Supplies	13,500
Meat	14,204

1965-66 COST REPORT
COMPARISON OF BUDGET

	1964-65	1965-66	Difference	%
Permanent Salaries	4690880	4961305	270,425	5.45
Contractual Services	15680	16550	870	5.26
Dry Goods		102728	102728	
Material & Supplies	80848	89054	8206	9.21
Meat Shop	161487	165000	3513	2.13
Foodstuffs	349051	408000	58949	14.45
Drugs, Chem. & Gases	103500	108500	5000	4.61
Hosp. & Lab. Supplies	45000	57289	12289	21.45
X-ray Supplies	5500	4800	(700)	(1.46)
Equipment				
Sub Total	5451946	5913226	461280	7.80
Rehab. Wards	614026	620373	6347	1.02
TOTAL:	6065972	6533599	467627	7.16

BUDGETED COST PER PATIENT DAY.

The estimated cost per patient day schedule reveals a low budgeted cost per day. Laguna Honda Hospital has had difficulty staying within the budget allotment for drugs and hospital supplies. The reason for this difficulty is that Laguna Honda Hospital is changing from an ambulatory residence to a hospital with a corresponding increase in the amount and kind of drugs prescribed. More money will have to be provided for drugs and hospital supplies to help keep up with this change.

The following schedule shows Laguna Honda Hospital's low budget cost per patient day schedule. Comparing 1964-65 with 1965-66 shows an increase of only 50¢ per patient day.

COMPARATIVE BUDGETED COST PER PATIENT DAY.

Appropriation	Cost per Patient Day 1964-65	1965-66
Permanent Salaries	8.38	9.05
Contractual Services	.05	.03
Materials & Supplies	.30	.35
Meat	.29	.30
Foodstuffs	1.00	.74
Drugs, Chemicals and Gases	.19	.20
Hospital & Laboratory Supplies	.08	.10
X-ray Supplies	.01	.01
TOTAL:	10.30	10.80

DAILY BUS SERVICE.

In the spring of 1966, the Municipal Railway established Motor Coach Line #89, Laguna Honda. This line serves the public from Laguna Honda Hospital's main entrance to the Forest Hill Station at the bottom of the hill. Daily service starts at 10 A.M. and ends at 3 P.M., a total of 31 trips. The attractive and gaily colored red and white bus was purchased and donated to Laguna Honda by our Volunteers. It is operated and maintained by the San Francisco Municipal Railway., This transportation service is greatly appreciated and needed by the visitors, patients, and employees. This easy accessibility to Laguna Honda encourages more patient visits which helps patient morale.

MEDICAL DEPARTMENT.

During the year 1965-66, the Medical Department has continued to function much as it has in the past, although with the many new programs and the continuing change to a chronic disease hospital, the staff has been pushed to keep the standards of medical care at a high level.

Through the co-operation of all department, Laguna Honda Hospital has again been accreditated as a Specialized Hospital for another three years. This enables the hospital to participate in Medicare and Medi-Cal.

It is anticipated that during the year 1966-67, there will be modification of the medical staff due to the impact of Medicare and Medi-Cal.

The Rehabilitation Unit continues to be the center of much of the activity in the hospital and has continued in newer surgical approaches to physical disability. In addition, the program and techniques of phenol blocks for neuromuscular disability have been utilized and have been extraordinarily successful.

A summary of admissions and discharges of the Rehabilitation Unit shows:

Admissions		Total: 564	
New admissions	483		
Readmissions	23		
Readmissions after interruption of service	58		
Discharges:		Total: 492	
To outside living situation			
Independent	222		
AWOL or AMA	10	232	47.9%
To boarding homes		11	2.2%
To Modified Hospital		22	4.4%
To L.H.H. Regular Hospital		131	26.5%
To S.F.G.H. or other hospital		48	9.7%
To private nursing home		44	8.8%
Expired		4	0.8%

The Medical Department is under the administration and supervision of the Medical Director which includes the Medical Staff, Diagnostic and Testing Department, Medical Records and Treatment and Rehabilitation Services.

The Medical Staff consists of 8 full-time and 7 part-time physicians, 2 full-time and 4 part-time physician specialists; and 1 podiatrist. This small, but dedicated staff provides the patients with high quality medical care.

The diagnostic and testing department consists of Radiology and X-Ray, Clinical Laboratory and Pathology.

RADIOLOGY.

The Radiology - X-Ray Division is staffed by a Senior X-Ray Technician, X-Ray Technician and 1 orderly. The department has the services of 1 part-time radiologist.

The Radiology Department has an output of 4,450 radiograms, an increase of 33% over the last fiscal year. This increase was due to a T.B. Chech Survey, and increases in extremities, abdomen and intravenous pylogram examinations. The following schedule shows the activities of the Radiology Department:

ACTIVITY REPORT
RADIOLOGY DEPARTMENT 1965-66

Service	
Radiograms	4,450
Fluoroscopic Examinations	212
Number of patients radiographed	3,698
Units of Service	14,587
14 x 17	4,213
11 x 14	1,011
10 x 12	1,788
8 x 10	1,654
	8,666

CLINICAL LABORATORY.

The Clinical Laboratory continues its effort to keep techniques and procedures up to date and adds new ones as time and environment permit. This last fiscal year the Clinical Laboratory has adopted the procedure adopted and used by the State Health Department for culturing suspected T.B. material. The laboratory is still continuing its program in which all patients receive a yearly check up, including blood count and urinalysis. Testing continues for the detection of diabetes and rheumatoid arthritis. All culture media are made in the Laguna HOnda Laboratory and all blood is drawn by laboratory personnel. For fiscal year 1965-66 over 78,000 routine tests were performed. The Clinical Laboratory is staffed by 1 Senior Laboratory Technician, Four Laboratory Technicians and 1 orderly.

PATHOLOGY.

The Pathology Department consists of the Morgue, Autopsy Room, and a Laboratory. All these have modern equipment and are staffed by a tissue technician, part-time pathologist and a morgue attendant. The tissue technician also takes EKG readings. The activities of the Pathology Department for the last fiscal year were as follows:

Surgical Specimens Processed	450
Surgical Slides Processed	1338
Special Stains	47
Autopsies	92
Autopsy Slides Processed	1840
Special Stains	78
Number of EKG's taken	1012

PHARMACY

The Pharmacy is one of the most extensively used therapeutic facility of the hospital. The activity of the Pharmacy has grown as Laguna Honda is changing from an ambulatory residence to a specialized hospital. Requisitioning and ordering of the drugs and pharmaceuticals is carried out by the Pharmacy staff of two licensed pharmacists and 1 pharmacy helper. The inventory is quite adequate and varied. The Pharmacy supplies and controls the issue of drugs, solutions, prescriptions and druggist sundries to all hospital wards and departments. A copy of all prescriptions and formularies is kept on file. The Pharmacy has turned their inventory over 6 times during the 1965-66 fiscal year and has enough drugs on hand to last at least 41 days. This is an unusually large turnover of stock and helps keep inventory at a low figure, reduces spoilage and obsolescence, saves storage space and saves money in case of price decline.

The Pharmacy activities for 1965-66 were as follows:

Hospital Prescriptions filled	78,000
On Pass Prescriptions filled	36,000
Hospital Stock Medications	116,400
Hypnotic and Narcotic Sheets Issued	10,560
Requisitions	8,700

Miscellaneous pharmaceutical operations which include the following:

Manufacture of galenicals items	216,000
Discussing, advising and giving information to the Medical Staff regarding medication to patients, drugs stocked and pharmacelogic action of drugs carried	9,000
Placing of order of drugs	2,400

THERAPY AND PSYCHOLOGY DEPARTMENTS.

Before any therapy treatments are started an evaluation conference is held by the medical team which includes the medical staff, nursing staff, psychologist and therapist. At this conference, the patients therapy needs are determined and treatment prescribed. Follow-up evaluation conferences are held and each patient's progress is discussed and evaluated. The Therapy Department includes Occupational Therapy, Physical Therapy, Speech Therapy and Psychology.

OCCUPATIONAL THERAPY.

Occupational Therapy is a modern and well-equipped therapeutic unit. It occupies one ward, which has a stove, refrigerator, typewriter, looms and many small carpentry tools. Its staff consists of 1 Senior Occupational Therapist, 4 Occupational Therapists and 1 orderly who give treatments for balance and endurance activities of daily living, household activities and functional activities. Adaptive equipment, such as splints and hemiplegic slings, feeding equipment, household utensils and dressing adaption, are made by prescription and are recommended to the patient on discharge.

An Occupational Therapy Unit is equivalent to 15 minutes and in the last fiscal year the treatment units totalled 44,043 units. This was an increase of 2,202 units over the previous year. 342 patients were admitted and treated and the present case load is 87 patients.

PHYSICAL THERAPY.

The Physical Therapy Department is staffed by 2 Senior Physical Therapists, 6 Physical Therapists, 2 Physical Therapist Aides and 1 Orderly. The physical facilities are large and sunny and are easily accessable to the patients. It also has a large therapeutic pool where the patients receive range of motion and exercise in warm water. Physical Therapy treatment include massage and therapeutic exercise, ultra-violet radiation, thermotherapy, ice pack diathermy, gait training, ultra-sound treatment and microwave treatment. Patients are trained in the use of prosthesis. The Physical Therapy Department has new and modern electromyograph equipment and makes electrodiagnostic tests.

The Physical Therapy treatment units are equivalent to 15 minutes and for the past fiscal year the total treatment units totalled 54,620 units. The average case load has been 75 patients.

SPEECH THERAPY.

The Speech Therapy Department is a department of one person, but the results from this department have been very successful. During the last fiscal year the therapist treated 58 persons for a total of 4,328 speech work units. 44 patients were discharged and treatment was no longer needed.

This department, dealing with mainly cerebrovascular accident cases, helps the patient improve his ability to speak and to read with comprehension. If necessary the therapist also retrains the patient to write. This department has started a hearing program which has been very successful. Due to lack of help the hearing program has been limited and future plans should include an audiologist.

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During the last fiscal year the hearing program included audiometric examinations and lip reading classes. Total patient visits were 167 with 776 units of service. Attached is an activity report of the Speech Therapy Department.

CASE SUMMARY.

Patients on therapy, 7/1/65	16	
New patients current year	42	
TOTAL:		58
Therapy terminated		
No longer indicated	22	
Left Laguna Honda Hospital	20	
Deceased	4	
TOTAL:		46
Patients currently on therapy		12
Total number of units of service (15 minutes = 1 unit)		4328

CASES BY DIAGNOSIS.

Cerebovascular accident	46
Brain injury - trauma	3
Parkinson's disease	1
Laryngectomy	1
Cerebral palsy	1
Presenile cerebral degeneration	1
Brain tumor	2
Educational retardation	1
Drug Poinoning	2
TOTAL:	58

HEARING PROGRAM.

Audiometric examinations	32	
Hearing aid clinic - patient visits	31	
Servicing aids and instruction in use - patient visits	76	
Lip reading class - patient visits	167	
Total number of units of service (15 minutes = 1 unit)		776

PSYCHOLOGY.

Last fiscal year, the department of Psychology examined and evaluated 323 patients in regard to brain damage, prognosis, intellectual level, areas of special competence or deficit, vocational counseling, A.T.D. applications, personality problems, and referrals for psychotherapy or mental hospitalization.

A number of field trips and some patient follow-ups were done, but these activities were limited in scope. Some lectures to community agencies and in-service training groups were given and the routine work of screening, highlighting a patient's psychological strengths and weaknesses continued.

NURSING.

The Nursing Department is the largest department in the hospital with a total staff of 551.

The quality of nursing care continues at the same high level. Increase in funds for linens, drugs, medical supplies, and equipment have allowed for some improvement.

In the budget for the fiscal year 1966-67, 69 additional positions of orderlies and 9 positions of registered nurses were requested to bring the nursing hours per patient day up to 2.0. The Board of Supervisors finally approved 58 positions, which included a staff of 48 orderlies and 10 nurses to set up the new ward, (C3), and to increase the nursing hours per patient day to 1.8

Since the nursing program continues to be patient centered, patient morale is high.

Student programs continue to include City College of San Francisco Nursing Students and Licensed Vocational Nurses. Special studies by nurses in the Master's Degree Program at the University of California are conducted in rehabilitation.

Plans are being discussed to allow 2nd year University of California nursing students to receive part of their training at Laguna Honda Hospital

In the middle of June, 1966, 4 high school students were assigned to wards. These students indicated to their school counselor their interest in nursing. This is a program I would like to attempt to increase next summer in an attempt to interest high school graduates in a career in nursing.

Personnel morale is good. Meetings are held at intervals with all members of the nursing department to hear suggestions, solve problems, etc.

Head Nurses meet together monthly without the presence of nursing administration. Many problems are solved by the group, others are presented by the chairman to the Director of Nursing for solution. This has made the Head Nurses recognize that they are a very important part of management.

MEDICAL RECORDS.

Laguna Honda Hospital has on its staff 1 Medical Record Librarian, who records care rendered by the hospital and medical staff. The medical records of Laguna Honda Hospital serve as a mean of communication between the medical staff and the professional groups contributing to the care of the patient. The medical records are also a very important source material for the analysis, study and evaluation of the quality of medical care rendered.

The routine activities of Laguna Honda Hospital Medical Record Librarian are

as follows: Daily processing of charts of discharged patients; maintenance of a disease and operation index; compiling of cumulative monthly statistical figures from daily census reports; preparation of a monthly statistical discharge analysis report; and participation in monthly meetings of the Utilization Committee, in which the Medical Records Librarian acts as secretary and consultant to this committee.

The treatment and rehabilitation services consist of the Dental Clinic, Pharmacy, Occupational Therapy, Physical Therapy, Speech Therapy and Department of Psychology.

DENTAL CLINIC.

The Dental Clinic consists of the main dental clinic, laboratory and a waiting room. It is staffed by a part-time dentist and dental aide. The space is limited, but the clinic is well-equipped and well supplied.

The Dental Clinic examines patients, both new and old and provides care to preserve the patient's health, corrects pathological conditions of the mouth including prosthetic repairs, performs operative dentistry and necessary X-rays.

The following is a partial activity report of the Dental Clinic:

Dental Clinic, 1965-66.

Procedure:	Total
Oral Examination	1066
Dental X-ray Examination	563
Extractions	544
Scaling & Polishing of teeth	864
Filling, Silicate & Amalgum	207
Adjusting, Repairing & Rebasing of denture	362
New Dentures	70

FOOD SERVICE.

The Food Service Department is under the supervision of the Administrative Chef. He is responsible for the preparation of the food, food serving, diets, the butcher shop, and the bakery. During the past fiscal year over 2 million meals were served at Laguna Honda Hospital.

The Food Service staff of 110 persons consists of dieticians, chefs, cooks, food service supervisors, butchers, bakers, diet aides, cafeteria helpers, supply room attendants, and kitchen helpers. Daily production and service is approximately 5,700 meals, equal to 1 kitchen personnel for 52 meals. This is a high production rate comparable to any institution in California.

The menu is varied, nutritious and appetizing. Fresh meat, fresh vegetables and fresh fruit are utilized in the daily menu. Special diets prescribed are prepared in accordance with diet formula made by the chief dietician and the

therapeutic dietician. Eight different diets are utilized at present. They are as follows: mechanical soft, bland, low-residue, low fat, reducing, diabetics, low sodium and liquid. Raw food costs have remained approximately 30¢ per meal, indicating good managerial control by the culinary staff.

LAUNDRY.

Laguna Honda Hospital has a modern and fully equipped laundry. Its operating functions are divided into transportation; sorting, washing, and extraction, shake out, mangling, pressing, and distribution. The laundry is equipped with 6 - 400 lb. washers, 1 - 900 lb. washer, 2 - 400 lb. driers, 6 - 110 lb. driers, 3 extractors, 1 conditioner tumbler, 2 large flat-work irons with automatic folder and 1 steam presser. The laundry's capacity is 3,000 pounds per hour. Total production for this fiscal year was 5,142,338 pounds, an increase of 814,355 pounds over 1964-65.

Laundry for the Emergency Hospital amounted to 78,815 pounds for this last fiscal year. The production schedule for the laundry is as follows:

Service	
Laguna Honda Hospital Rough Dry & Flat	4,887,090 lbs.
Laguna Honda Hospital Presse work	176,433 lbs.
Emergency Hospital	78,815 lbs.
	5,142,338 lbs.

The health, welfare and comfort of the patient depends on an ample supply of linen, and the laundry has furnished this supply throughout the year.

HOUSEKEEPING AND LINEN MAINTENANCE.

The housekeeping and linen maintenance are under the supervision of the General Service Manager. The routine duties of the housekeeping division are keeping all enclosed areas (707,357 square feet) clean; controlling noise; saving of heat and electricity by turning off unnecessary lights and radiators when not needed; promotioning safety measures by observing and reporting dangerous conditions cleaning all glass windows; maintaining garbage pick-up and operating the incinerator, distributing clean linen, and picking up soiled linen.

The special functions of the housekeeping division are transporting equipment; setting up for assemblies; assembling and delivering new furniture; providing and maintaining a key system for the institution, and performing other duties as assigned and needed.

The housekeeping staff consists of 1 Porter General Foreman, 3 Porter Foreman, 5 Porter Sub-foreman, 69 porters, 1 incinerator operator, and 2 window cleaners. The average porter cleans 10,237 square feet per day, numerous ashtrays, and scrubs unusually soiled walls.

The control and adequate circulation of linen is another function of the housekeeping division. When linen needs repair it is withdrawn from circulation and sent to the sewing room for repairs and quickly is returned to circulation. As linen is in short supply, the 3 seamstresses are kept very busy helping to keep the wards supplied with linen.

Housekeeping and Linen Maintenance, (cont'd).

These 2 functions of the housekeeping department, namely, keeping the building clean and controlling the linen supply, are of a primary importance to the health, comfort, and safety of the patient.

VOLUNTEERS.

The Laguna Honda Hospital Volunteers have helped Laguna Honda with the intangible benefit of excellent community relations by work performed and with cash funds. All monies from the membership are used for the benefit of the patients, except a small amount for stationery and postage. The Volunteers services for 1965 totalled 29,969 hours. The Volunteers' Office is open Monday through Friday and all office work is done by the Volunteers. An accurate log is kept of all Volunteer activities.

All new patients are welcomed and informed of the many activities of the Volunteers. Records are kept of patients with any information which may help the Volunteers make the patients more comfortable and help his morale.

The daily activities of the Volunteers are many and varied. Over 200 patients a day are instructed in various crafts. The instructors are from the San Francisco United School Department. All materials are furnished by the Volunteers. The Volunteers also staff and supply a beauty salon, take patients to chapel, operate a clothing department, and man mobile library carts.

The Volunteers provide and sponsor many group activities such as movies, bingo games, folkdancing, and sing-along groups. Groups also take patients to concerts, ball games, circuses, the Ice Follies, picnics, ballets and out to dinners. Private organizations and church groups put on many afternoon luncheons.

The most news-worthy project for 1965 was the purchase of the Minibus by the Volunteers and its donation to the hospital. This bus had been discussed for many years and actually placed in the Laguna Honda Hospital budget on several occasions, but did not survive the budgetary reductions. The Volunteers donated a sum of $7,500 for the purchase of this bus, and it was delivered on May 18, 1966. The gay red and white striped vehicle is already becoming a landmark shuffling from the administration building to the Forest Hill station. It is a boon to many aged patients and visitors as it eliminates the long climb from the main gate to the hospital buildings.

Expenditures included a new sound system in Moran Hall, repairs of the Auditorium curtains, and installation of new drapes, and purchase of a movie projector with a sound track.

At Christmas, the Volunteers purchased, gathered and wrapped approximately 10,000 new [illegible] for patients. The Volunteers sought to satisfy the patient's individual needs and desires. All wards and recreation and dining areas were decorated by the Volunteers. The Christmas Show was staged by volunteers from various night clubs, including Gomans and Bimbo's. The show was excellent and the auditorium was appropriately and beautifully decorated. Approximately 400 wheel chair patients were brought from the hospital by young men and women volunteers from various high schools.

HASSLER HOSPITAL

With the approval of the Board of Supervisors, this institution officially changed its name from Hassler Health Home to Hassler Hospital October 1, 1965. The hospital continues to treat chronically ill medical patients who require long-term care. These patients are transferred from San Francisco General Hospital on the recommendation of their medical staff. They usually have multiple diagnoses with varying degrees of physical and mental disability requiring continuous medical and nursing care, which would never be obtained adequately and promptly in a boarding home or ordinary nursing home. Most of our patients do not have their own homes. Many of them express the feeling that this hospital is their home and the City has really done something good for them.

During the past fiscal year, many improvements have been made in the hospital. A few major changes are as follows:

1. The wards are equipped with more new mechanical beds, bedside tables, overbed tables, wheelchairs, walkers etc., for the comfort of the patients and better nursing care.

2. A Pharmacy has been set up under the supervision of a part-time pharmacist.

3. The Rehabilitation Department has been improved with provisions for a physical therapist and a part-time physician-specialist as Director of the department.

4. Provision of a fund to have autopsies done by a pathologist; this has already been started.

5. Utilization Review of patients' admissions, care and discharges has been done regularly by the present limited number of medical staff members.

6. The average daily patient census has increased from last year's figure of 202 to 209.

7. The daily rate has decreased from $17.68 to $15.94, including both hospital and medical services.

This hospital has fully and efficiently utilized its resources to improve the standard of care. However, these improvements barely meet the requirements set by the State Health and Welfare Agency to issue a State License and comply with the conditions of participation in the Federal Medicare and California Medical Assistance Programs for the time being. Before March 1968, this hospital must be accredited by the Joint Commission on Accreditation of Hospitals, otherwise, participation in Medicare programs will be denied. A request for a survey has been made. The surveyor will come here to make a survey sometime before June 1967. We must further improve this hospital to meet the standards set by the Commission during the next several months and within the fiscal year of 1966-67.

1. Since Federal Medicare started in July, a tremendous volume of paper work involving new forms and extra bookkeeping involving Medicare, definitely requires additional accounting and clerical personnel in order to handle them properly and promptly.

2. The old patients need more nursing time and care. Under the Medicare programs, the patients are entitled to demand better care and facilities. There are several areas definitely requiring additional nursing personnel to meet the demands.

3. It is also necessary to reconstruct the x-ray rooms and install a new x-ray machine to replace the old one in order to take better pictures and afford better protection to both patients and employees against possible radiation hazard.

4. Additional physical therapeutic equipment should be provided at the disposal of the Director of the Rehabilitation Department.

5. Consideration should be made to convert the amoulatory wards to semi-private rooms under the original roof, because Federal Medicare will pay hospital bills on a semi-private room basis.

6. Reconstruction and enlargement of the Diet Kitchen on the hill, between Wards 7 and 7T, has not been started because of the increase in construction cost over the amount of the fund provided for capital improvement.

7. Reconstruction and relocation of Clirical Laboratory in order to improve the laboratory service should be started as soon as the construction of the Diet Kitchen is completed.

A supplemental budget request for the above necessary items for accreditation will be made during this fiscal year of 1966-67.

ANNUAL FISCAL YEAR REPORT - 1965 - 1966

HASSLER HOSPITAL, REDWOOD CITY

FISCAL YEAR	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66
PATIENT DAYS	64,560	67,337	65,559	60,215	73,739	76,471
AVERAGE BED OCCUPANCY	176.87	184.4	180.0	164.0	202.0	208.0
LABORATORY WORK LOAD All types of tests and examinations of clinical value	17,977	17,169	14,645	15,118	15,815	14,137
DENTAL ACTIVITIES WORK LOAD Individual dentures, extractions, fillings and examinations	285	251	258	212	237	267
X-RAY DEPARTMENT WORK LOAD All types of tests and examinations of clinical value	1,042	1,069	972	979	932	844
CULINARY SERVICE WORK LOAD Meals, regular and special	372,229	345,894	316,681	292,429	344,331	376,960
CLINICAL ACTIVITIES WORK LOAD Individual treatments and examinations	5,625	5,431	4,424	3,992	5,112	6,042
SINGLE MEN'S REHABILITATION CENTER WORK LOAD	1,973	1,438	1,216	1,131	925	1,059

ANNUAL FISCAL YEAR REPORT -- 1965 - 1966

HASSLER HOSPITAL, REDWOOD CITY

FISCAL YEAR	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66
TOTAL ADMISSIONS	138	168	137	121	231	151
TOTAL DISCHARGES	137	173	146	145	180	142
REGULAR DISCHARGES	37	45	23	50	25	33
TRANSFERS	46	46	57	53	86	48
IRREGULAR DISCHARGES	27	40	28	12	14	5
DEATHS	27	42	38	30	55	56
CENSUS	187	182	173	145	200	209

ANNUAL FISCAL YEAR REPORT - 1965 - 1966

HASSLER HOSPITAL, REDWOOD CITY

FISCAL YEAR	1960-61	1961-62	1962-63	1963-64	1964-65	1965-66
LABORATORY TESTS						
Sputum Concentrates Tubercle	1,358	1,222	1,006	825	242	101
Urinalyses	13,026	13,326	11,598	11,804	12,205	10,828
Blood Examinations	1,345	1,241	772	1,346	2,583	2,353
Miscellaneous Examinations	2,157	1,381	1,269	1,143	783	855
X-RAY DEPARTMENT SERVICES						
14" x 17"	1,042	1,031	940	1,116	1,136	891
11" x 14"	45	6	2	16	88	38
8" x 10"	52	32	25	24	11	15
10" x 12"						47
OCCUPATIONAL THERAPY						
Number of Patients						428
Number of Treatments						7,223
Number of Treatment Hours						17,272
PHYSICAL THERAPY						
Number of Patients						370
Number of Treatments						2,928
Number of Treatment Hours						30.04½ hrs.

SAN FRANCISCO GENERAL HOSPITAL

PURPOSE AND SCOPE

The San Francisco General Hospital operates as a part of the curative and therapeutic Medical Section of the Department of Public Health under the Director of Public Health, and the Assistant Director of Public Health, Hospital Services. It is basically responsible for providing acute medical and surgical care to medically indigent residents of San Francisco. However, under the State and Federal medical assistance programs it is expected that hospital admission policies will be revised considerably to provide for non-indigent individuals seeking to be admitted under either of these programs.

Excellent cooperation between the City administration, the Department of Public Health, and the University of California over many years continues to identify this hospital as a highly desirable training facility. This is clearly demonstrated by the superior level of intern and resident attracted each year from throughout the United States, and further evidenced by the hospital's filling of its full quota of interns and residents.

PROGRAM ACTIVITIES

PATIENT STATISTICS:

For the fiscal year 1965-66 our patient day load was almost the same as during 1964-65 (see Chart I). The total patient days were 282,850 as compared with 298,346 for the previous fiscal year, a decrease of approximately 5.2%. Total admissions and births were 19,760 as compared with 22,803, a decrease of approximately 5.9%.

REVENUES RECEIVED:

Fee tag collections for the fiscal year 1965-66 totaled $3,163,488 00 compared with $2,642,781.00 collected in 1964-65. This represents an increase of approximately $520,707.00 or 19.7% over 1964-65. Following is a two-year comparison of these collections:

Source	1964-65	1965-66
Care of Patients - General	$656,766.	$614,980.
Bureau of Delinquent Revenue	259,295.	297,180..
Care of Patients - Psychiatric and Tuberculosis	277,464.	334,821.
S.F. Employees Retirement System Care of Compensation Cases	107,688.	125,004.
S.F Public Welfare Department Care of Public Assistance Patients	1,279,815.	1,701,400
Total Care of Patients	2,581,028.	3,073,385.
Miscellaneous Collections	61,752.	90,103.
Total Collections	$2,642,780.	$3,163,488.

The Hospital Bond Fund

With the successful passage of the $33.7 million dollar bond fund the future long range plans of the hospital are concerned principally with the new proposed acute and psychiatric hospital unit.

The new hospital will be built on present hospital grounds; the exact site, at this date, has not been determined. The firm of Stone, Marraccini, and Patterson was selected as architects for the new medical center buildings. Meetings between the architects, the hospital staff, and the staff of the Department of Public Health have been held on an almost continuous weekly basis to discuss the innumerable problems and questions related to these new structures. It is anticipated that such meetings and discussions will be continued throughout the coming fiscal year.

Medicare Program

In March, 1966 the new California Medical Assistance Program went into effect throughout the State. On July 1, 1966 the Federal Medicare program is scheduled to be put into operation. It is expected that these programs will significantly increase requests for services on many of the hospital's departments. As necessary, it is anticipated that additional clerical and Social Service personnel will be added to meet these demands.

The initial impact of the California Medical Assistance Program saw an expected decrease of approximately 10% in patient load. This anticipated decrease resulted from the many uncertainties surrounding this program. As the program becomes better understood by the community, it is expected that this decrease will be reversed.

Outpatient Clinics

Plans are being formulated for remodeling the second and third floors of the former student nurses home into an outpatient department. These expanded facilities will enable the hospital, for the first time in its history, to have an organized Outpatient Department.

In the fiscal year just ended, the number of outpatient clinic visits has continued to remain relatively constant Little if any effect was indicated from the California Medical Assistance Program. Statistics showing the number of outpatient visits by service for the past three years are presented below:

Clinic	1963-64	1964-65	1965-66
Follow-up	18,898	19,550	19,730
Pediatrics	16,622	16,593	15,230
Pre-natal	10,347	10,093	9,052
Adult Psychiatric	8,235	4,742	8,242
Psychiatric Impac	3,530	3,942	5,811
Dental	4,476	5,194	4,818
Admission-Emergency	47,869	45,006	45,038
Chest Clinic	44,165	47,551	34,541
Total	154,142.	152,671.	142,462.

Pathology Building

Construction work has been completed on the new Pathology Building. It is scheduled for occupancy in July 1966. The new quarters provide approximately 36,000 square feet of space for this department. Included in the new structure is a 119 seat auditorium. Additional appointments to the auditorium seating were provided by a gift from the Carr Foundation, Jesse L. Carr, M.D

Surgical Suite

The program to remodel the Surgical area started in the latter half of 1965 has entered into the final stages of completion. The new post-anesthesia recovery rooms, pending the receipt of certain specialized equipment will be ready for use by approximately mid-August, 1966. The cast room formerly located in the surgical area was relocated in the Solarium off of Ward 22. The new Cast Room was opened on November 16, 1965.

X-ray Department

Remodeling in the X-ray Department is still in progress. It is expected that the reconstruction work will be completed in 1967.

When in full operation the remodeled facilities will provide cine, television, and simultaneous bi-plane, radiographic procedures, as well as significant improvements for diagnosis of vascular injuries and diseases.

Medical Library

The new Medical Library, financed by the University Medical School is nearing completion. The new library located on Ward 31 is scheduled for occupancy in August, 1966. It will provide 3000 square feet of floor space. This is approximately double the size of the present library.

Telephones

In May 1966 a new, long overdue, and severely needed switchboard was installed. The new board provides for one additional operator position. It is also equipped with a telephone toll call diverter system; this unit diverts all out-of-city calls to the operator for screening. It is anticipated that the diverting system will provide material savings to the hospital, and that the new board will greatly improve the telephone service.

FUTURE PLANS

In addition to meetings and discussions relating to the new hospital, plans and specifications are also being rushed for changes in the following areas:

Admission-Emergency
Remodeling and enlarging of emergency treatment facilities to include an X-ray unit, an additional treatment room, and a patient's property room.

Intensive Coronary Care Center
Remodeling of Ward 33 to provide facilities and equipment necessary in the treatment of acute coronary cases.

Intensive Pulmonary Care Unit
Ward 62 will be equipped to provide facilities for the acute pulmonary emergency cases..

Fundamental Principles

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Literature Cited

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Residence Facilities

Additional remodeling is being undertaken on the third floor of the former nurses residence, to provide permanent living quarters for female members of the residence staff.

Building 100

At present the second floor of Building 100 is occupied almost entirely by the Department of Pathology. It is anticipated that this area will be vacated by Pathology in July, 1966, at which time it is expected that the entire second floor will be scheduled for remodeling into laboratories and offices.

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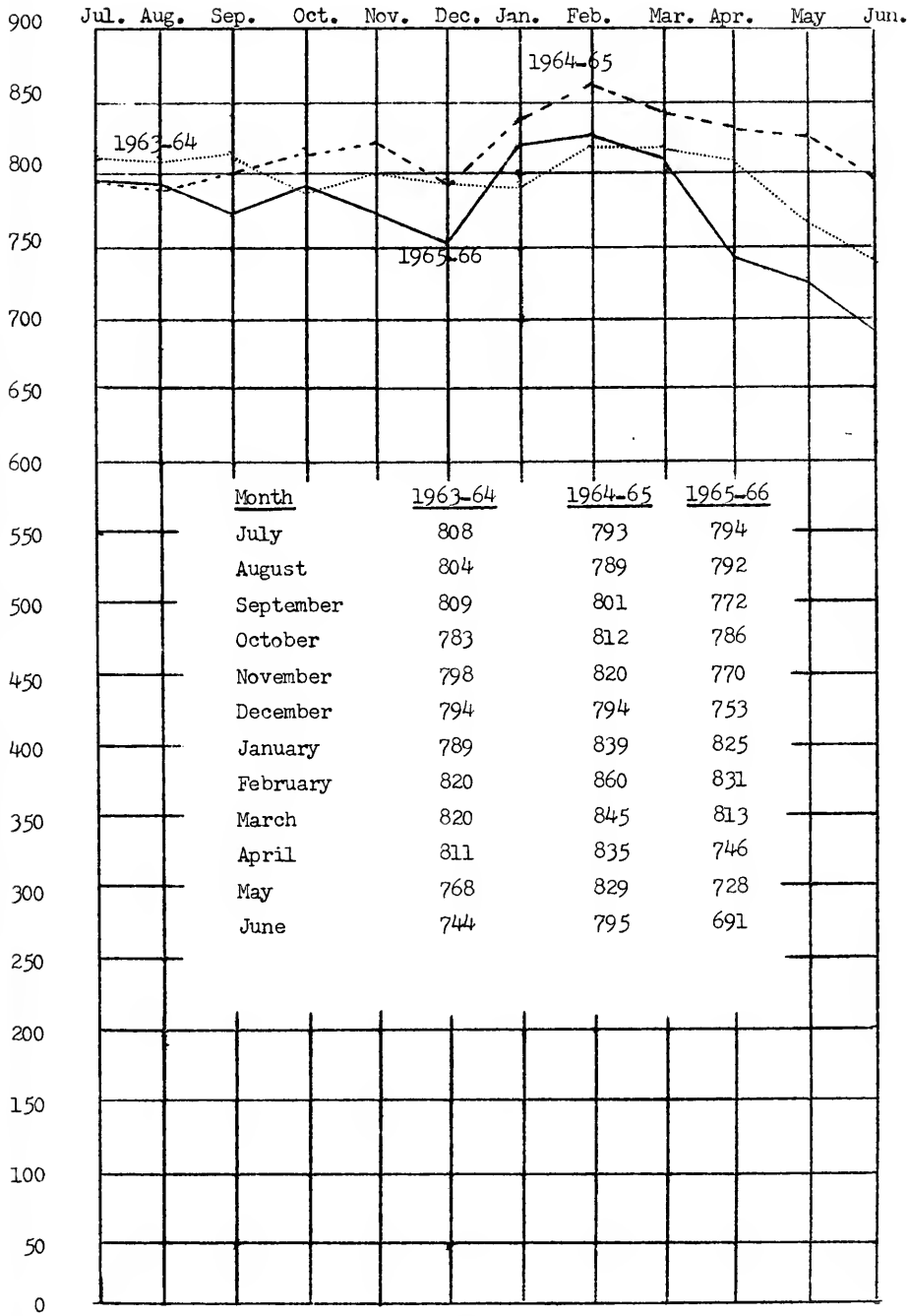
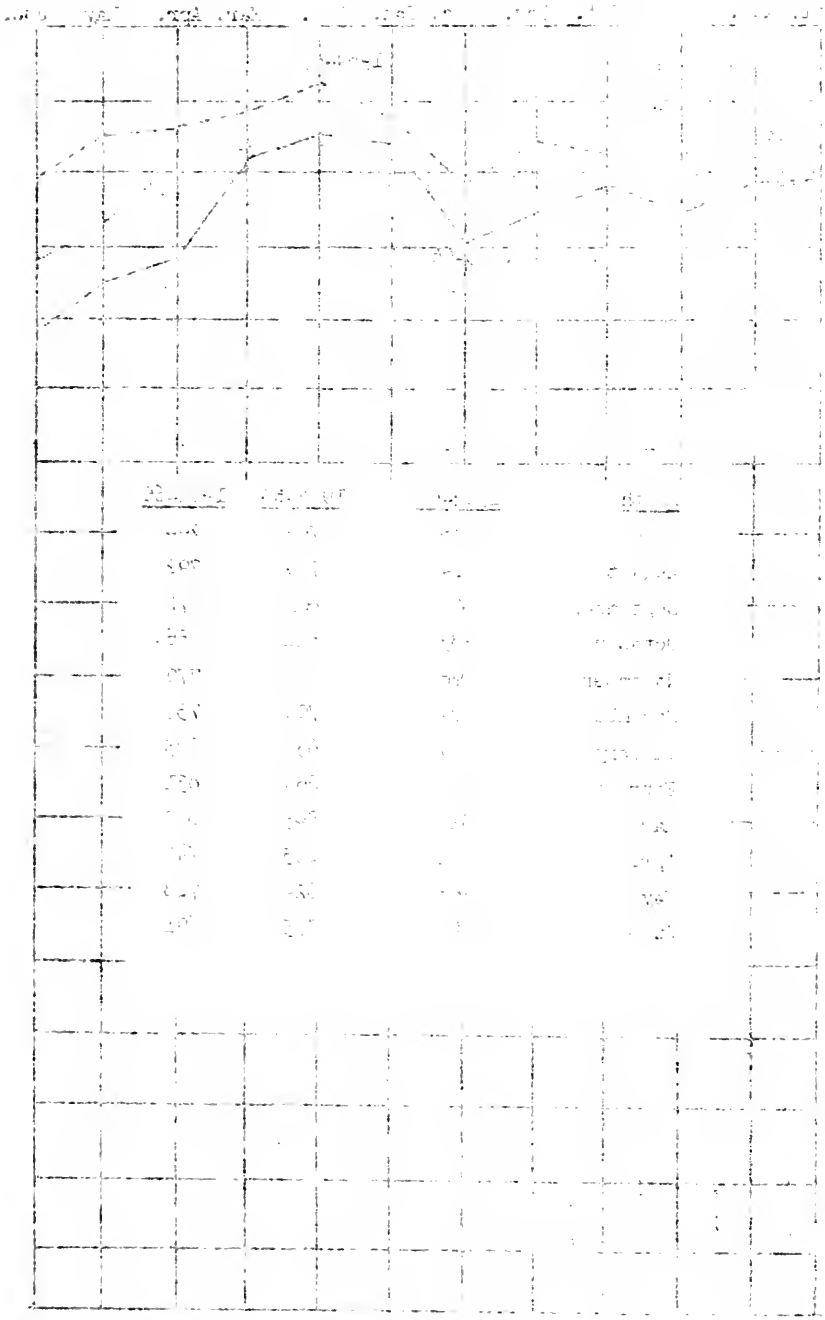
AVERAGE PATIENT OCCUPANCY BY MONTH

Chart I



Month	1963-64	1964-65	1965-66
July	808	793	794
August	804	789	792
September	809	801	772
October	783	812	786
November	798	820	770
December	794	794	753
January	789	839	825
February	820	860	831
March	820	845	813
April	811	835	746
May	768	829	728
June	744	795	691



EMERGENCY HOSPITAL SERVICE

PURPOSE AND OBJECTIVES

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical, and ambulance care to the population of San Francisco. This service is, in effect, the liaison between the emergency and such time as the patient is put into more permanent care.

The concept of this Service is the same as that of the Police Department and the Fire Department; that is, a public service for the protection of life and limb. It is supported by taxes, for the people, so that San Francisco is a better and safer city in which to live.

RELATIONSHIP

Probably no unit in the City has more inter-relationships with other departments than does the Emergency Hospital Service. Within the Department of Public Health, the Birth Registry and Death Registry, Laboratories, Bureau of Disease Control, Crippled Children Services and Public Health Nurses have frequent contact with the Service. San Francisco General Hospital and Laguna Honda Hospital have daily and constant relationship.

The San Francisco Police Department is in daily contact. The Emergency Hospital Ambulance Service answers all multiple fire alarms, some specific single or silent alarms, and occasionally send three to five ambulances to a single fire, necessitating the hiring of an extra crew. The Municipal Railway calls the Emergency Hospital Service for any case involving injury or illness on one of their vehicles, and they do not move the vehicle until the patient has been removed by our staff. The Sheriff's Department calls upon this Service for transportation of stretcher or wheelchair cases unable to walk with assistance.

The Emergency Hospital Service records are a most valuable adjunct to attorneys, insurance companies, the Industrial Accident Commission, and the Courts, since they provide an immediate and unbiased professional opinion by an M. D.

PROGRAM

Care is rendered at five Emergency Hospitals, on a 24-hour basis, with a minimum of one Doctor, one Registered Nurse, one Medical Steward, and one Ambulance Driver on duty twenty-four hours daily, 365 days a year. Harbor, Alemany, and Park Emergency Hospitals have the minimum staff; Central Emergency has an additional nurse from 3:00 P.M. to 11:00 P.M., two additional part-time Doctors on Friday and Saturday evenings, and an extra "trouble-shooter" ambulance from 4:00 P.M. tl midnight. Mission Emergency has twenty-four hour ambulance service, but all medical and nursing staffs are provided by San Francisco General Hospital.

Last year, there were 113,839 admissions to all Emergency Hospitals, and 38,533 ambulance runs.

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The [illegible] Police Department [illegible] Fire Department [illegible] in the protection of life and property [illegible] at the Presidio [illegible] which do [illegible].

ADMINISTRATION

[illegible] the Hospital Service is [illegible] with the department of Public Health, the Public Health and Hospital Department [illegible] Nurses, [illegible] Hospital [illegible] with the Department of Public Health [illegible] Hospital [illegible].

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Last [illegible] Emergency Hospital [illegible] and [illegible].

FUTURE NEEDS AND PLANS

Since no changes were made in last year's projections, our future needs are still the same:

Harbor Emergency Hospital is scheduled (in the indeterminate future) to be relocated from the present location at 88 Sacramento Street. New building and new equipment will be needed, but existing personnel will be moved to the new structure without any increase or reduction. With the advent of a large number of new apartment dwellers in the Golden Gateway area, the number of admissions promises to increase.

There is still need for a utility man who might use an old ambulance, suitably converted if funds for a suitable truck are not provided, to transport laundry, drugs, supplies, papers, etc., to and from the various Emergency Hospitals. This would restore additional ambulance service to the City, since the ambulances would not have to go out of service to perform these non-medical duties. This function would need one Driver only.

Park Emergency Hospital will have to be rebuilt some day, and will probably have to be relocated.

WORK LOAD

The work load is best illustrated by the following table:

Disposition of Patient	Total	Mission	Central	Alemany	Park	Harbor
Total	113,839	59,628	17,856	14,727	13,526	7,838
Home	86,498	39,974	14,787	13,307	11,758	6,410
S.F. Gen. Hosp.	21,098	18,006	1,717	307	527	540
Other Hosp.	5,744	1,476	1,248	1,044	1,189	786
Deceased	453	168	90	58	45	92
AMBULANCE RUNS 1965	38,533	5,543	17,344	4,432	5,219	5,995

EQUIPMENT

In 1961, two new styled ambulances were tried. They were lighter in weight, had more power, and were easier to maneuver. They had a distinct drawback of lack of head room for patients and personnel. In 1962, the same type ambulance, but with 8" more head room was tried. At first, they seemed satisfactory and an improvement. However, they have very small braking area, have been out of service in the shops a great deal more than new equipment should necessitate.

EQUIPMENT (continued)

The new larger ambulances, while not beautiful esthetically, are proving adequate. The additional room inside is of considerable advantage. There has been a delay in delivery of new equipment due to several reasons, but we expect the delivery of four new ambulances before the end of the year.

An autoclave has been installed at Alemany Emergency Hospital, and a new one will be purchased from the current budget for Park Emergency Hospital.

Our accident rate is still remarkably low for the average of 175,000 miles travelled annually. Precautions have been ordered regarding reduced speed, observance of traffic signals when ambulance is empty, and slowing down at intersections even when on emergencies with siren and red light. No curtailment or interference with service to the public is evident.

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COMMUNITY MENTAL HEALTH SERVICES

OVERVIEW

During the past year many significant changes took place in Community Mental Health Services--changes of personnel and program, the most readily apparent and the most deserving of note are those affecting patients. With the support of many important segments of the community and especially the city administration, treatment services in all of the directly operated facilities have been generally improved. Attempts have been made to either extend services to new groups of needy patients or to improve the administrative functioning of each facility so that every clinic more nearly and quickly meets the needs of the public. In trying to implement a changing, progressive and creative program, the Community Mental Health Services has been fortunate in receiving support from many official sources, and in all of this the Mental Health Advisory Board has played a significant role. The primary channel of communication to and from the community has been the active, hard-working volunteer group--the San Francisco Association for Mental Health.

The Community Mental Health Services and related groups were immensely heartened by the overwhelming passage of the hospital bond issue in November 1965 which must be seen as the most significant single event of the past year. Because of the impact of this bond passage on the San Francisco health scene, the total Community Mental Health Services is undergoing some reorganizational study. Here the thinking is in the direction of decentralization of services, a pattern which is in harmony with that established by the Director of Public Health. In general this is an attempt to bring high quality mental health services closer to the persons who may need them and also an attempt to place more emphasis on preventive mental health services, by interfering, as soon as possible, with the chain of events that produces emotional problems and mental illness. It is expected that more efficient, earlier case finding and earlier, more vigorous treatment, coupled with the preventive measures, will reduce the overwhelming clinical demand that has been placed on Community Mental Health Services in the past. It also is an attempt to implement the present trends in the organization of mental health services and to anticipate future trends so that the services of the new San Francisco General Hospital Medical Center, when completed, will be functionally integrated with city-wide services.

Specific effects of the changes in personnel and program emphasis are reflected in the statistics for the total Community Mental Health Services. Some of the statistics for the individual clinics will be presented later in this report, but a comprehensive summary is presented here. In the fiscal year 1964-65 the total patients served in both the directly operated and contractual facilities was 8,760 who were seen for 80,481 interviews. For the 1965-66 fiscal year the same figures are 11,690 and 92,251 respectively. This represents a 33% increase in the number of patients seen and a 15% increase in the number of interviews. Study of the data indicates that services through the contractual modality seem to be leveling off since the increase is almost entirely in the directly operated facilities. There seems to be a trend towards seeing more people for a shorter period of time in our facilities and the reverse in the contractual facilities. The number

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of patients hospitalized at San Francisco General Hospital decreased somewhat but the total number of patient hospital days remained stable indicating that a longer period of hospital treatment is now being offered. The use of the Childrens Inpatient Service at McAuley Clinic has almost exactly doubled. It should be clearly noted that the same number of patients staying more days at the San Francisco General Hospital does not mean a continuation of the overcrowding there. Because of change in program at the Inpatient Service the patient load is more evenly distributed now in the five wards so that overcrowding in any one of them now occurs only occasionally.

OFFICE OF THE PROGRAM CHIEF

The creation and filling of the position of Administrative Analyst in the office of the Program Chief has made for better and more orderly budget preparation and freed the Program Chief to devote more time to planning and coordination and supervision of clinical services. Both of these factors have permitted the other professionals in the Central Office staff to coordinate and direct better their respective services in the different facilities and to spend more productive time in recruitment. The Chief Psychiatric Social Worker and Chief Clinical Psychologist have both been able to spend more time in clinical supervision in their respective disciplines. Additionally the Chief Clinical Psychologist has been responsible for devising an updated fee schedule and also to revise the contracts with the private hospitals in anticipation of the effect of the Casey Bill and Medicare. He has also played a vital, major role in negotiating the contract with the State Department of Vocational Rehabilitation. He has maintained supervision over the data collection systems which are partly for the benefit of this department and partly for the State Department of Mental Hygiene. Although the systems exist for the efficient collection of much data, additional time and personnel are still needed in order to assimilate the data and compile appropriate reports reflecting the qualitative evaluations of the various clinical programs, and to utilize these data in administrative planning.

It is anticipated that the filling of the newly created position of Assistant Program Chief will permit greater coordination between the various city services, between the city services and the private facilities, and also permit the development of some new and much-needed aspects of the total program. These latter include such things as a markedly improved voluntary service, a working relationship with the clergy, and implementation and coordination of services to the mentally retarded and the delinquent youth, etc. It should also permit a more thorough study and planning for the city-wide plan for Community Mental Health Services consistent with various Federal and State regulations affecting the psychiatric services of the new San Francisco General Hospital.

Beginning planning for the new San Francisco General Hospital Medical Center has already taken much time from the Program Chief, though more time should be allocated to this extremely important function. Here also the recruitment of an Assistant Program Chief will lighten the load of the Central Office so that planning time will be available not only for the new medical center but adequate time for planning of the total comprehensive community-wide mental health services. Furthermore, the addition of a full-time

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person in the consultation service in the Central Office together with this Assistant Program Chief will provide both more and better consultative services and assistance with program development in collaboration with other City and County agencies or departments such as police, sheriff, economic opportunity, etc.

Some important steps have been taken in shifting or altering basic philosophy in the Community Mental Health Services. These are in part stimulated by Federal regulations regarding construction and staff of community mental health centers and in part stimulated by desire for improved services. These include an increasing emphasis on hospitalization prevention, on the growth of the preventive services and the elimination of barriers in our thinking between some outpatient services and the inpatient services. Specifically this will mean, perhaps this next year, the reassignment of some positions so as to augment district mental health teams and possibly reduce staff of some existing clinics.

INSTITUTIONAL SERVICES

The Institutional Services include the Inpatient Service, the Adult Psychiatric Outpatient Clinic and the Immediate Psychiatric Aid Center, all located at San Francisco General Hospital. Of these the largest of any of our services is the Inpatient Services where some particular forward-looking changes have taken place. Following the change of some administrative personnel and with the addition of a Management Assistant the mission of the Inpatient Services has changed dramatically. Historically the service had been given the mission of devising an efficient system for processing patients for admission to the state hospitals, and to the credit of many people this was an amazingly efficient system, even though now thought to be wrong. Because of this former goal many patients were simply held in custody and treatment was withheld prior to their being sent to state hospitals. Only a very small and selected portion of the total patient load was offered adequate inpatient psychiatric treatment. The change occurred late in the fiscal year when it was decided that all patients present were deserving of treatment and that the major goal of treatment was that it be locally rendered. The philosophy can be stated simply--if there is one patient on the service for one hour, it is not a question of where else or when else that patient receives treatment, but only a question of what kind of treatment he receives here and now--when he needs it most.

No longer then is treatment withheld so that patients will appear overtly psychotic at their court hearings to assure commitment. Conversely, treatment is prompt, vigorous and is extended to each and every patient, with attempts made to utilize community resources such as family, friends, employers, etc. This change of philosophy has made for an immense increase of clinical responsibility for the total staff, but by much hard work and cooperation and planning, an unbelievable amount of work has been done. More significant perhaps, as a result of this change in the staff's functioning, has been a change in the entire atmosphere in the Inpatient Services, so that where there was despair there is now hope; where there was anger there is now courtesy; where gloom, some measure of cheer.

Another very significant development as reflected by the accompanying statistics and graphs are changes in the pattern of admissions to the state hospitals. Since 1963 there has been a general downhill trend in the number of patients from San Francisco admitted to state hospitals and this number

person in the consultation service in the Mental Office, together with this Assistant Program Chief will provide [illegible] and better co-ordinating services and assistance [illegible] in development in collaboration with other City and County agencies or departments [illegible] publicity, economic opportunity, etc.

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INSTITUTIONAL SERVICES

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has decreased most rapidly in calendar 1965. During the last quarter of fiscal year 1965-66 the number of alcoholic patients committed has leveled off at zero and the number of mentally ill committed reached an all-time low in May 1966 of 26. The figures and graphs also show that the total number of admissions of San Francisco residents to state hospitals is declining somewhat but that within this group there is an interesting change. The number being committed by the court has steadily declined during this fiscal year and the number of voluntary admissions has steadily risen. These trends and figures indicate to both the changing method of functioning of the Superior Court and that Community Mental Health Services is beginning to render better services to both the Court and the patients who are a mutual concern.

Near the end of this fiscal year when the changes in philosophy and functioning of the Inpatient Services became apparent, the dichotomy between observation and treatment wards was eliminated. This has meant that instead of severely over-crowding observation wards and the very leisurely paced treatment wards sometimes with empty beds, there now are five intensive treatment wards. This not only means a greater equalization of the clinical load but much improved treatment available for each patient. These changes had not been present for a long enough time to reflect themselves in the statistics for this service. Figures show that there has been a 15% decrease in the number of patients on the observation wards, 20% increase of patients on the treatment wards, for a total decrease of 14%. The number of patient days was almost identical to that of a year ago. The number of patients (4,355) and the number of patient days (43,553) indicate that the average length of stay is almost exactly 10.

The statistical data for the Childrens Inpatient Services, which are provided through a contractual agreement with McAuley Institute of St. Mary's Hospital, show a 99% increase in number of patients over the last year and a 112% increase in hospital days for the same period. It is of interest to note what the statistics do not show, namely that this increase has occurred almost entirely in the last half of the fiscal year. So far the explanation for this is not known since the kinds of children referred and the sources of referral have not changed. This trend does tend to indicate that the Childrens Inpatient Service are offering more services to children from Youth Guidance Center, and that there is increased collaboration between these facilities--one private, the other public.

The figures for the Psychiatric Day Treatment Center and the Halfway House (Conard House), with which we also contract for care, show increasing use of these facilities. Both are seeing more patients but Conard House has had a greater increase in both number of patients and numbers of day care. This type of service in the mental health field is one which has now proven itself both as the means of preventing full-time hospitalization and as being the specifically indicated method of treatment in many instances. Each of these facilities are located in residential areas which have accepted in their midst the psychiatric patients, many of whom have been as severely ill as much of the patient population in state hospitals. Program planning for the future should clearly take into account the generally less costly and usefulness of day care, and the effective job that these organizations are doing deserves far wider public knowledge and acceptance.

Although the quality of patient care in the institutional services has improved there is still much to be done, especially in the area of recruitment to fill existing positions. This is especially true of nursing and psychiatric social work. Improved salaries recently enacted for social workers should help in this, and anticipated salary increases for nurses should also help. Of equal importance are inservice training programs in both of these professions. Primary development of such programs has been initiated but is hampered by the demands for clinical services imposed by the vacancies. A new Director of Clinical Psychiatry will have as a major responsibility the initiating and development of inservice training programs for all levels of staff. Other areas needing major effort are the development of efficient, competent consultation service to the balance of the general hospital, and the planning necessary for the integration of the Inpatient Services and the city-wide network of Community Mental Health Services. A major assist in recruitment of competent medical staff would be the elevation of psychiatrist's salaries to a level competitive with the California State Department of Mental Hygiene and with other local communities.

The Adult Psychiatric Clinic has remained a major resource for inpatients who need continued treatment after moving out of the hospital. The coordination between these two services has permitted many patients to shorten their hospital stay and has maintained many people out of the hospital who are severely ill. With former methods of treatment many of these patients would have been chronically hospitalized but with vigorous use of modern drugs, many of them can be safely maintained in the community. This is one group of patients whose needs cannot be fully met by existing staff or drug allowances. Another very similar group to whom services can rarely be offered are the patients returning from state hospitals. The staff of the Adult Psychiatric Clinic have had a long-time interest in the problems of the chronic schizophrenic patient, and with an additional psychiatrist and psychologist and a modest increase in the drug budget this clinic could begin to offer services to the state hospital patient who is returning to San Francisco. The staff of the clinic also have an interest in pursuing the problems of a patient who may be suicidal, but are somewhat hampered by relative lack of clerical positions.

The statistical data for the Adult Psychiatric Clinic shows a 13% increase in number of patients served as compared to the previous fiscal year, the number of interviews remaining nearly constant. This clinic continues to offer post-hospital care to many patients who are difficult treatment problems, some of them requiring a great deal of medication and who would remain in the hospital longer if it were not for this clinic. The work of this clinic has become somewhat hampered by vacancies, especially in social work, but with the increased salaries now available in this category as well as some new program developments, it is expected that the clinical load will increase. The entire program of this clinic will be stimulated by the addition to it of administrative and clinical responsibility for the psychiatric teams operating in the three health districts.

IMMEDIATE PSYCHIATRIC AID CENTER

The Immediate Psychiatric Aid Center is an example of a pioneering service in American psychiatry and was one of the first of its kind organized in this country. This is a no-appointment, walk-in facility designed to be of help

to people in the period of immediate need or crisis. Treatment is aimed at those people who may expect some resolution of their problems with only a few interviews. One of the other major functions which it serves is to make appropriate referrals for those patients who will need more extended care. The Immediate Psychiatric Aid Center, because it is the service which screens for admission to the Inpatient Services as well as all other services, has participated fully in the change of philosophy noted above and continues to emphasize hospitalization prevention. Because this service is seeing so many new patients and having so many referred to it, and because so many of these demands occur outside of regular office hours, the service is looking forward to the expansion authorized for the next fiscal year. This will permit more time for much needed liaison with several community agencies, both public and voluntary as well as for more crisis or emergency services. For administrative and budgetary clarity some of the new positions will permit this facility to qualify as an independent one under the terms of the Short-Doyle Act. In an effort to provide therapeutic supervision earlier in the course of a patient's course towards hospitalization, IMPAC is hoping to devote some staff time to home calls, some in conjunction with the personnel of the Superior Court.

The statistics reflecting this clinic's operation clearly show a marked increase in both numbers of patients seen and hours of service rendered. In this fiscal year there was a 26% increase in the former category and a 52% increase in the latter which also indicates that IMPAC is providing twice as many interviews per patients as in the last fiscal year. This increase has occurred with no increase in personnel.

REHABILITATION SERVICES

The Central Office staff, and in particular the Chief Clinical Psychologist, have worked assiduously to develop a contract with the State Department of Vocational Rehabilitation which is effective as of July 1, 1966. Under the terms of this contract vocational rehabilitation counsellors will be provided to Community Mental Health Services and through them full case-service resources for our patients. It is anticipated that this will not fully meet the need for such services but will go a long ways towards filling in one of the major gaps in services. The Community Mental Health Services is fortunate that the Chief Clinical Psychologist has had considerable experience in the field of vocational rehabilitation and also that the Program Chief is vitally interested in developing this type of services, which has been a program development sorely needed by many patients.

CENTER FOR SPECIAL PROBLEMS

The directly operated rehabilitation service has undergone some outstanding and dramatic changes during this fiscal year including a new name. It was formerly the Adult Guidance Center, now the Center for Special Problems, located at 2107 Van Ness Avenue, San Francisco. Under the guidance of a new director the program is moving to provide services in one of the forgotten areas of psychiatry. Although the emphasis on treatment services for the patient with problems related to alcohol abuse has been retained, the program has been expanded to include treatment services for persons with drug abuse and sexual deviancy problems. Persons who misuse drugs use the stimulants and depressants far more than the opiates, though this latter group continues to receive a disproportionate amount of public concern and anxiety. In keep-

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ing with the new program emphasis there has developed an effective working relationship between the Center for Special Problems and the V.D. Clinic operated by the Bureau of Disease Control. With the shakedown period of the new program at the central clinic completed, it is planned to carry this same program emphasis to the San Bruno Jail Clinic. The anticipated collaboration of the Sheriff's Department in this sub-clinic will be a necessary factor in its continuing expansion to serve a greater number of prisoners at the county jail. It will also be a necessary prelude to strengthening and/or expanding similar services at the Hall of Justice. The preventive and research aspects of the program of the Center for Special Problems are receiving increased scrutiny by the new director in conjunction with the Chief Clinical Psychologist who is also Chief of Research, the consultation services, the central office and the Program Chief.

The statistical figures for the Center for Special Problems functioning do not include the Alcoholic Screening Project since the latter has operated for less than the full fiscal year. The figures for the San Bruno Jail branch are reported separately. The figures very clearly demonstrate the multiple effects of the changing program emphasis present in this clinic for the last eight months of the fiscal year. In the main clinic at 2107 Van Ness the number of patients served was up 45% from the previous year, and in the San Bruno Jail Clinic 60%. Total number of interviews conducted was increased by 34% at the main clinic and 19% at the jail branch. These increases, plus those at IMPAC count almost in toto for the increased level of service in the total CMHS. The figures also indicate that at the center's main location more patients are being offered about the same number of interviews, whereas at the jail clinic more patients are being seen for one or two single interviews. It is expected that with the completion of staffing at the San Bruno Jail Clinic both of these categories will continue to increase during the next fiscal year.

The Alcoholic Screening and Drug Abuse Unit at the San Francisco General Hospital, during the past year has been reassigned to be a part of the Center for Special Problems. This screening unit continues to do exemplary work though understaffed, providing more immediate and adequate treatment for many patients, preventing hospitalization for some, facilitating it for others and making wide use of many formerly unused community resources. One of the major mental and physical health needs of San Francisco is an Acute Detoxification Ward for alcoholic patients at San Francisco General Hospital. The Alcoholic Drug Abuse Screening team would work very closely with this ward both in screening for admission to it and in developing appropriate plans for discharges from it. If the Center had still another branch in the downtown area it would be possible to reach a new group of patients and render better services to some of those currently being seen. The Alcoholic Drug Abuse Screening Unit at the hospital has been and will continue to be cooperating closely with the Department of Medicine of San Francisco General Hospital. The downtown branch, when it comes into being, will expect to work equally closely with the V.D. Clinic and the general hospital and with the general public health program of the Department.

CONTRACTUAL SERVICES

One of the most interesting developments in the area of contractual services is the signing of an agreement with the Juvenile Court of the Youth Guidance Center so that the psychiatric clinic at Youth Guidance Center becomes a part

[illegible]

[illegible]

[illegible]

of Community Mental Health Services as of July 1, 1966. It has long been the wish of the Department and of its Mental Health Advisory Board and the Community Mental Health Services to offer psychiatric services to this important segment of the population and also to another member of the City and County official family. Another important benefit of this agreement is that a portion of the costs of this clinic will be reimbursed to the City and County under the terms of the Short-Doyle Act provided of course that this service meets the requirements of that Act and plans expanded services in the near future. This contractual relationship should facilitate greater coordination of mental health services for the Youth Guidance Center clientele and their families with other psychiatric facilities. Under the stimulating guidance of the Judge of the Superior Court, beginning planning is underway to provide services for a difficult group of children at the Youth Guidance Center who can be most appropriately called the marginal child. These are children who have multiple handicaps--neurological, psychological and sociological, but whose handicaps are not sufficient to make them eligible for care in any of the State services. Part of the problem in a treatment program for these children and their families is that they require treatment services in all of the areas mentioned above. It is hoped that in this next year with the continued support of the Chief Administrative Officer, the Mayor and Board of Supervisors and the continued active cooperation between Community Mental Health Services and the Juvenile Court, that a plan of services for this population can be implemented.

The advent of the California Medical Assistance Plan (Casey Bill) and Federal Medicare has required us to renegotiate all of the contracts with the private hospitals at increased rates for outpatient services. The bulk of this work was carried forward by the Chief Clinical Psychologist and the Administrative Analyst. There is still some lack of clarity as to priorities of benefits under the Casey Bill and Short-Doyle though it is reasonable to expect a resolution of this within the next fiscal year as experience with these programs is gained. The new contracts at increased rates was used as an opportunity to enhance administrative and clinical controls from the office of Program Chief, as well as to broaden and improve the services under the contract. For instance, costs for drugs given to our patients are included in the new cost whereas none was formerly provided.

As stated elsewhere in this report it appears that in general the level of services offered San Francisco residents through our contractual agencies seems to be leveling off. The total contract facilities show an increase in number of patients of only 4% and an increase in number of interviews conducted of only 6%. The Mount Zion Clinic continues to provide us with the largest number of patients seen and the largest number of interviews conducted, being second to McAuley Clinic of St. Mary's Hospital. Wherever the figures are given it must be recognized that these are qualitative measures only and are not in themselves to be interpreted as reflecting the quality of services. Also because of an absence of a central patient index or registry there may be some unknown duplication of patients in different services. This is most apt to be the case in our directly operated facilities where a single patient may be seen in IMPAC, referred to the Inpatient Services and following discharge seen in the Adult Psychiatric Clinic. In general three-fourths of the total patients seen are in our directly operated clinics and facilities and 50% of the total interviews conducted are in these same services. Said in reverse, this means that one-fourth of all our patients receive about half of the total interviews via the contract clinics.

of Community Health Services [illegible] May 1, 1966. It has been the wish of [illegible] and the Hospital Health Advisory Board and the Community [illegible] in offer psychiatric services in this important [illegible] the population [illegible] in the County [illegible] agreement [illegible] a portion [illegible] and [illegible] under this [illegible] in the near future. [illegible] Health Coordinating [illegible] of [illegible] Guidance [illegible] Family [illegible] Service [illegible] provide [illegible] can be used [illegible] children who have [illegible] and [illegible] who have [illegible] in any of the [illegible] children [illegible] in all of the [illegible] with the [illegible] and [illegible] Community Mental Health [illegible] for the population [illegible].

The [illegible] and Aux [illegible] Mental Health [illegible] with the [illegible] hospital [illegible] The bulk of this work was done [illegible] and the [illegible] Analysis. [illegible] under the [illegible] and [illegible] resources [illegible] was [illegible] property [illegible] was done on an opportunistic [illegible] from the office of Program [illegible] under the contract [illegible] are included in the [illegible].

[illegible] consultant agencies [illegible] number [illegible] conducted [illegible] largest [illegible] conducted [illegible] the [illegible] quality [illegible] a central [illegible] or [illegible] service [illegible] Service [illegible] Adult [illegible] Clinic [illegible] directly [illegible] clinic and [illegible] conducted [illegible] these [illegible] in [illegible] patients [illegible] clinics.

RESIDENCY TRAINING

For several years the psychiatric service of the San Francisco General Hospital has been one of the training facilities used by Langley Porter Institute and Mount Zion Hospital. It will continue to be used by Langley Porter, but this next fiscal year should see an absence of residents from Mount Zion because of a shortage of residents at that hospital. The service provides these specialists a training with unique experience of seeing persons very early in the course of their illness and at the same time the residents provide the City and County with invaluable professional service.

This year marks the activation of a residency program in basic psychiatry under the terms of a grant from the National Institutes for Mental Health. This grant, which pays the full course of the training program and its administration, is a real feather in the cap of the Department of Public Health and the Community Mental Health Services because it is at this time the first and only approved residency program in psychiatry awarded not to a hospital or a medical school, but to a comprehensive public health service. The newly appointed Chief of Professional Education under the terms of this grant is actively recruiting so that the full training program will be initiated July 1, 1966. At the present time the program has approval for two of the three required years of training, but it is reasonable to expect that next year will bring approval for the third year. The grant provides training stipends for three residents which in the course of the next few years may expect to grow to nine. It is the aim of this program not only to train residents to be competent clinicians in their specialty but also to provide them with experience and an orientation towards community mental health work. Some of these candidates, hopefully, will move into leadership roles in community mental health programs all over this country.

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
STATISTICAL REPORT OF SERVICES PROVIDED DURING FISCAL YEAR JULY 1, 1965 - JUNE 30, 1966
(DIRECTLY OPERATED AND CONTRACTUAL FACILITIES)

PSYCHIATRIC OUTPATIENT SERVICES

A. DIRECTLY OPERATED FACILITIES

1. Number of Patients Served

	Adult Psych. Clinic	Child Psych. Clinic	Psych. Aid & Refer. Center	Alcoh. Screening Project	Center Spec. Probs.	CSP Jail Clinic	Total Outpatient Services
Beginning Caseload	275	348	73	5	444	95	1,740
No. of patients admitted	429	320	1,988	1,519	1,328	1,119	7,203
Total patients served	704	1,668	2,061	1,524	1,772	1,214	8,943*

2. Number of Interviews Conducted

Individual interviews	5,216	7,537	5,903	3,741	16,285	2,599	41,281
Group interviews	2,986	2,278	124	0	1,432	256	7,076
Total interviews	8,202	9,815	6,027	3,741	17,717	2,855	48,357

*Since there is no central patient register this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

B. CONTRACT FACILITIES SUBSIDIZED BY SFCMHS

	Child. Hosp.	McAuley Psych. Clinic	St. Francis Psych. Clinic	Presby. Psych. Clinic	Mt. Zion Psych. Clinic	Total Outpatient Services
1. Number of Patients Served						
Beginning caseload	239	629	42	214	694	1,818
No. of patients admitted	360	985	129	112	773	2,359
Total patients served	599	1,614	171	326	1,467	4,177*
Short-Doyle patients only	478	856	161	203	1,049	2,747*
S-D % of total patients	79.8%	53.0%	94.2%	62.3%	71.5%	65.8%
2. Number of Interviews Conducted						
Individual interviews	7,588	6,363	1,430	4,834	21,128	41,343
Group interviews	3,222	10,917	1,138	1,279	529	17,085
Total interviews	10,810	17,280	2,568	6,113	21,657	58,428
Short-Doyle interviews only	9,136	11,812	2,197	3,592	17,157	43,894
S-D % of total interviews	84.5%	68.4%	85.6%	58.8%	79.2%	75.1%

C. ALL FACILITIES (DIRECT AND CONTRACTUAL**)

Total patients served	11,690*
Total interviews conducted	92,251

*Since there is no central patient register this figure is inflated by an unknown number of patients who are served by more than one facility during the year.

**Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.

TOTAL PSYCHIATRIC SERVICES, DIRECT AND CONTRACTUAL*

	No. of Patients Served	No. of Interviews Conducted	No. of Days Hospitaliz. Provided	No. of Days Care Provided
Psychiatric Clinics	11,690**	92,251		
Inpatient Services	4,504**		46,080	
Day Care Services	71			3,615
Halfway House	58			7,048
Total	16,323**			10,633

MENTAL HEALTH CONSULTATION TO AGENCIES IN THE COMMUNITY

Number of hours of consultation provided	1,687
By staff of:	
Adult Psychiatric Clinic	125
Child Psychiatric Clinic	1,136
IMPAC	5.5
Alcoholic Screening Project	2.5
Center for Special Problems	173.5
CSP Jail Clinic	12
Central Office	232
Total	1,687
Number of community agencies served	32

*Only that portion of the private facility's caseload which is subsidized by SPCMHS is reported here, i.e., the Short-Doyle cases only.

**Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.

b. COMPARAGE FACILITIES SUBSIDIZED BY SFCMHS

1. Number of Patients Served

	(Hill Crest)	Mcallister	St. Francis	Franklin Park	Mt. Zion Psych Hosp	Total Other Services
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
No. of patients admitted	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total patients served	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

2. [illegible] Patients Served

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Short-[illegible] only	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible] of [illegible] interviews	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

C. ALL INCIDENTS (OTHER AND INTERCEPTS)

Total patients served 11,080*

Total interviews conducted 52,[illegible]

*Since there is no central patient register this figure is derived by an unknown number of patients who are served by more than one facility during the year.

**Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., in Short-Doyle cases only.

PSYCHIATRIC INPATIENT SERVICES

	San Francisco General Hospital			McAuley N-P Children's Ward			Total Inpatient Services**
	Observation Wards	Treatment Wards	Total	Total Patients	S-D Patients	S-D % of Total Patients	
1. Number of Patients Served							
Beginning caseload	99	40	139	8			
No. of patients admitted	4,166	237*	4,216	188			
Total patients served	4,265	277	4,355	196	149	76.02%	4,504
2. Number of Days Hospitalization Provided	28,429	15,124	43,553	4,151	2,527	60.9%	46,080

	PSYCHIATRIC DAY CARE SERVICES	PSYCHIATRIC HALFWAY HOUSE
	Psychiatric Day Care Center	Conard House
1. Number of Patients Served		
Beginning caseload	41	21
No. of patients admitted	40	40
Total patients served	81	61
Short-Doyle patients only	71	58
S-D % of total patients	87.7%	95.1%
2. Number of Days Care Provided		
Full days	4,488	
Half days	857	
Total days	4,917	7,312
Short-Doyle days only	3,615	7,048
S-D % of total days	73.5%	96.4%

*Formerly all admissions to the Treatment Wards were first admitted to the Observation Wards but in the latter part of the fiscal year the system was changed so that direct admissions were made. Thus, an estimated 50 of the 237 admissions were direct admissions.

**Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.

TOTAL PSYCHIATRIC SERVICES, DIRECT AND CONTRACTUAL*

	No. of Patients Served	No. of Interviews Conducted	No. of Days Hospitaliz. Provided	No. of Days Care Provided
Psychiatric Clinics	11,690**	92,251		
Inpatient Services	4,504**		46,080	
Day Care Services	71			3,615
Halfway House	58			7,048
Total	16,323**			10,633

MENTAL HEALTH CONSULTATION TO AGENCIES IN THE COMMUNITY

Number of hours of consultation provided	1,687
By staff of:	
Adult Psychiatric Clinic	125
Child Psychiatric Clinic	1,136
IMPAC	5.5
Alcoholic Screening Project	2.5
Center for Special Problems	173.5
CSP Jail Clinic	12
Central Office	232
Total	1,687
Number of community agencies served	32

*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.

**Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
COMPARISON OF FISCAL YEAR 1965-1966 WITH FISCAL YEAR 1964-1965
PSYCHIATRIC OUTPATIENT FACILITIES

A. DIRECTLY OPERATED FACILITIES**

1. Number of Patients Served

	Adult Psych. Clinic	Child Psych. Clinic	Psych. Aid & Refer. Center	Center Spec. Probs.	CSP Jail Clinic	Total Outpatient Services
1964-1965	621	1,620	1,639	1,219	760	5,859*
1965-1966	704	1,668	2,061	1,772	1,214	7,419*
Change	+13%	+3%	+26%	+45%	+60%	+27%

2. Number of Interviews Conducted

1964-1965	8,000	9,779	3,973	13,203	2,407	37,362
1965-1966	8,202	9,815	6,027	17,717	2,855	44,616
Change	+3%	0%	+52%	+34%	+19%	+19%

B. CONTRACT FACILITIES

	Child. Hosp.	McAuley Psych. Clinic	St. Francis Psych. Clinic	Presby. Psych. Clinic	Mt. Zion Psych. Clinic	Total Outpatient Services
1. Number of Short-Doyle Patients Served						
1964-1965	432	918	115	235	953	2,653*
1965-1966	478	856	161	203	1,049	2,747*
Change	+11%	-7%	+40%	-14%	+10%	+4%
2. Number of Short-Doyle Interviews Conducted						
1964-1965	8,623	11,475	1,712	3,710	15,913	41,433
1965-1966	9,136	11,812	2,197	3,592	17,157	43,894
Change	+6%	+3%	+28%	-3%	+8%	+6%

C. ALL OUTPATIENT FACILITIES (DIRECT*** AND CONTRACTUAL) -- SHORT-DOYLE PATIENTS ONLY

	Patients	Interviews
1964-1965	8,760*	80,481
1965-1966	11,690*	92,251
Change	+33%	+15%

*Since there is no central patient register this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

**Those in operation a full 12 months in each fiscal year -- the Children's Hospital Branch of the Center for Special Problems and the Alcoholism Screening Project are thus not included here.

***Includes the two facilities not in operation a full 12 months in each fiscal year.

*Since there is no [illegible] client register with figure is indicated by an unknown number of patients who are served in more than one facility during the year.

**Those in operation a full 12 months in each fiscal year -- the Children's Hospital Branch of the Center for Special Problems and the Alcoholism Treatment Unit are thus not included here.

***Including the two facilities not in operation a full 12 months in each fiscal year.

PSYCHIATRIC INPATIENT SERVICES

	San Francisco General Hospital				
	Observation Wards	Treatment Wards	Total	McAuley Child Ward**	Total Inpatient Services
1. Number of patients served					
1964-1965	5,002	230	5,039	75	5,114*
1965-1966	4,265	277	4,355	149	4,504*
Change	-15%	+20%	-14%	+99%	-12%
2. Number of days hospitalization					
1964-1965			43,356	1,193	44,549
1965-1966			43,553	2,527	46,080
Change			0%	+112%	+3%

	PSYCHIATRIC DAY CARE**	PSYCHIATRIC HALFWAY HOUSE**
1. Number of patients served		
1964-1965	59	39
1965-1966	71	58
Change	+20%	+49%
2. Number of days care		
1964-1965	3,504	4,225
1965-1966	3,615	7,048
Change	+3%	+67%

TOTAL PSYCHIATRIC SERVICES, DIRECT AND CONTRACTUAL**

	Total Number of Patients Served*
1964-1965	13,972
1965-1966	16,323
Change	+17%

*Since there is no central patient register this figure is inflated by an unknown number of patients who are served in more than one facility during the year.
**Short-Doyle patients only.

San Francisco General Hospital

Observation Beds	Treatment Beds	Total	Total Patient Services
[illegible]	[illegible]	[illegible]	[illegible]

*Short-Term Patients only.

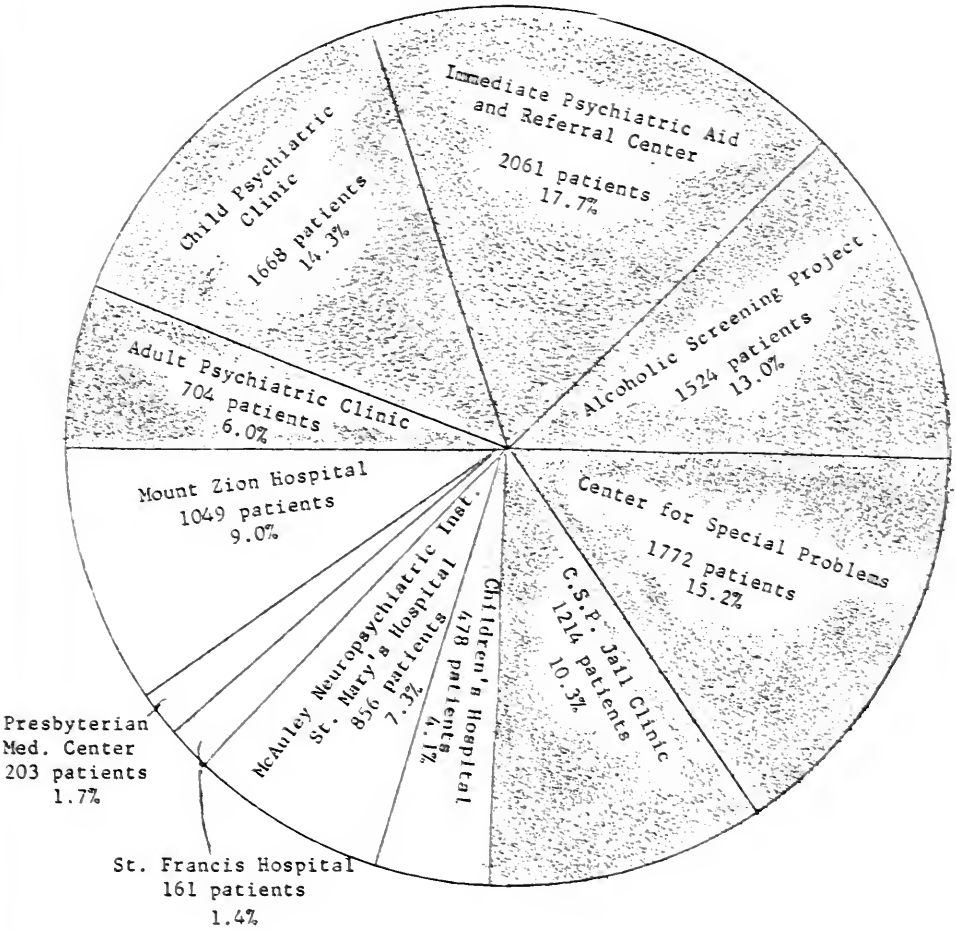
*Since there is no central admitting agency this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

FIGURE 1

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
11,541 PATIENTS SERVED IN PSYCHIATRIC OUTPATIENT CLINICS
(DIRECTLY OPERATED AND CONTRACTUAL)
FROM JULY 1965 THROUGH JUNE 1966

= Directly operated clinics
8943 patients (76.5%)

= Contract clinics
2747 patients (23.5%)



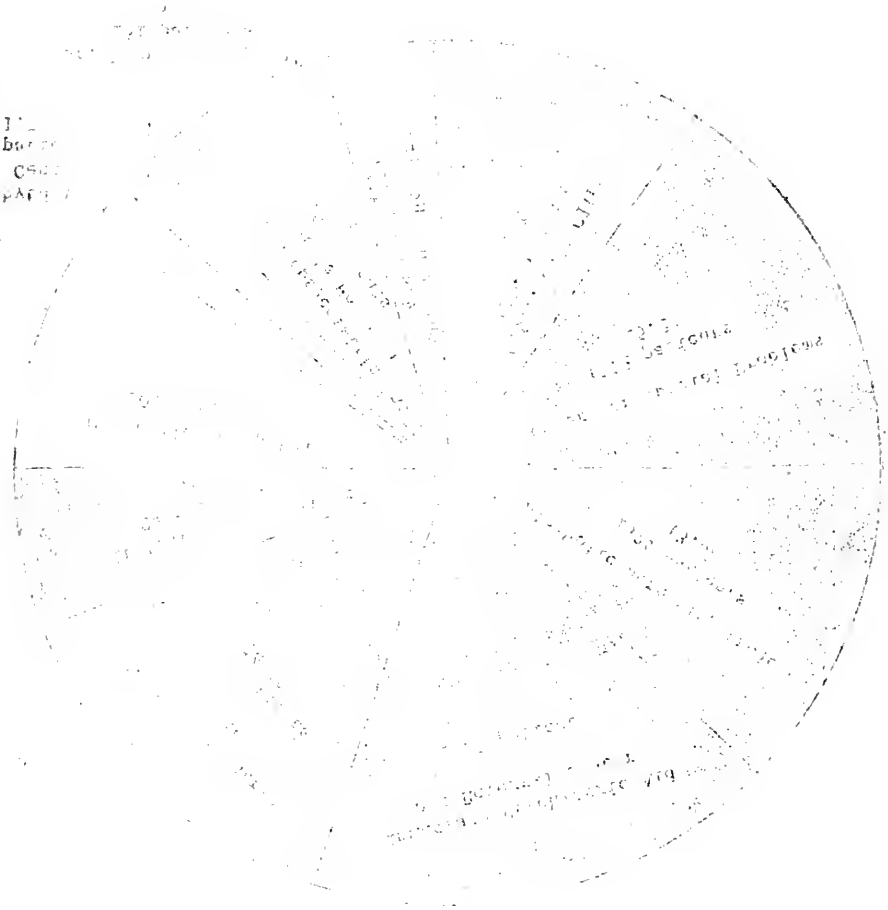


FIGURE 2
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
92,251 INTERVIEWS CONDUCTED IN PSYCHIATRIC OUTPATIENT CLINICS
(DIRECTLY OPERATED AND CONTRACTUAL)
FROM JULY 1965 THROUGH JUNE 1966

= Directly operated clinics
48,357 interviews (52.4%)

= Contract clinics
43,894 interviews (47.6%)

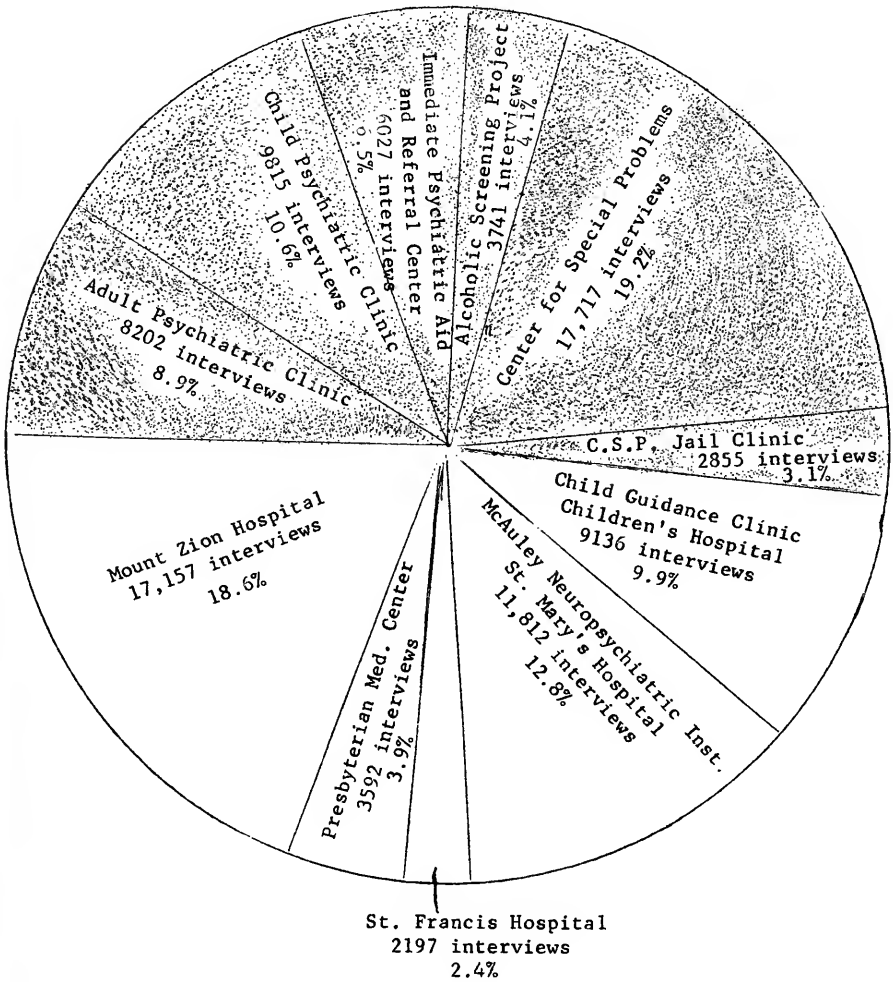
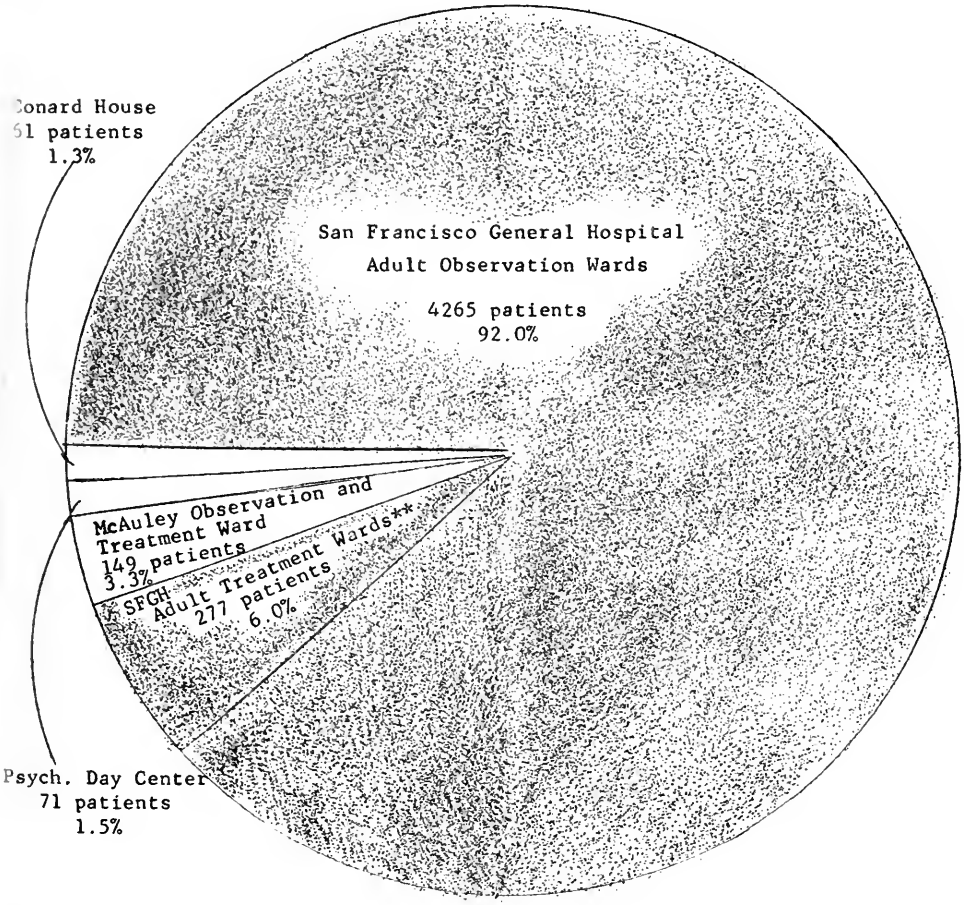


FIGURE 3
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
4636 PATIENTS SERVED IN ALL INPATIENT FACILITIES
(DIRECTLY OPERATED AND CONTRACTUAL)
FROM JULY 1965 THROUGH JUNE 1966*

= Directly operated facilities
4355 patients (93.9%)

= Contract facilities
281 patients (6.1%)



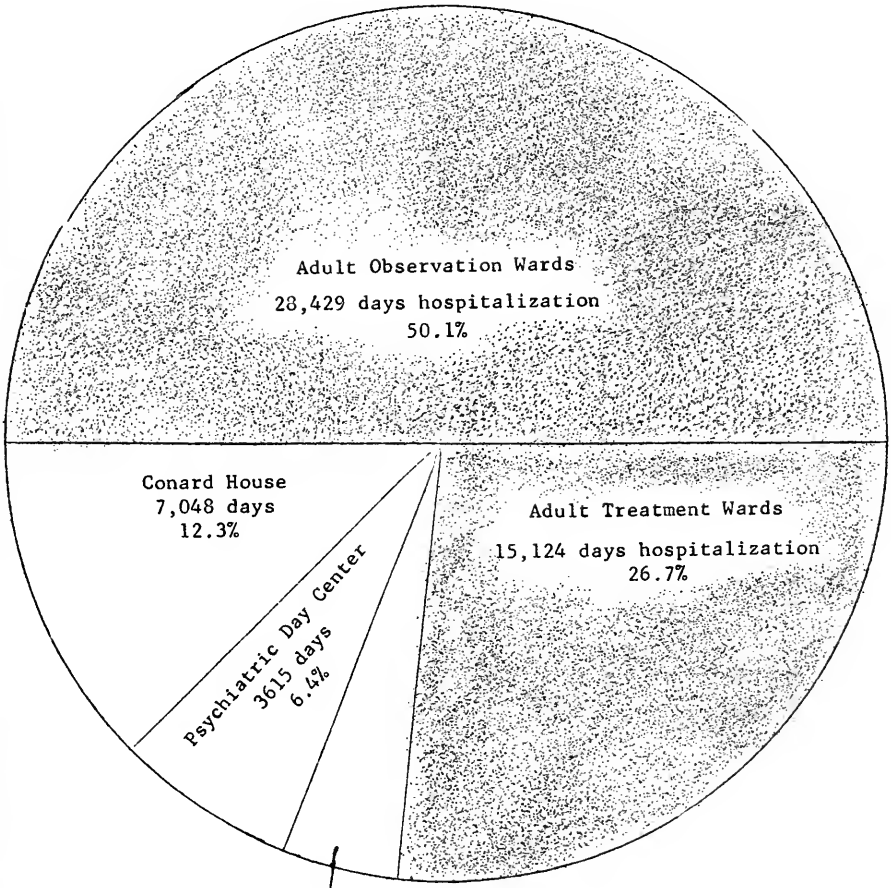
*Since there is no central patient register these figures are inflated by an unknown number of patients who served in more than one facility during the year.

**187 of the Treatment Ward patients are also included in the 4265 Observation Ward patients since they were hospitalized there first.

FIGURE 4
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
56,743 DAYS CARE PROVIDED IN ALL INPATIENT FACILITIES
(DIRECTLY OPERATED AND CONTRACTUAL)
FROM JULY 1965 THROUGH JUNE 1966

= Directly operated facilities
43,553 patients (76.8%)

= Contract facilities
13,190 patients (23.2%)



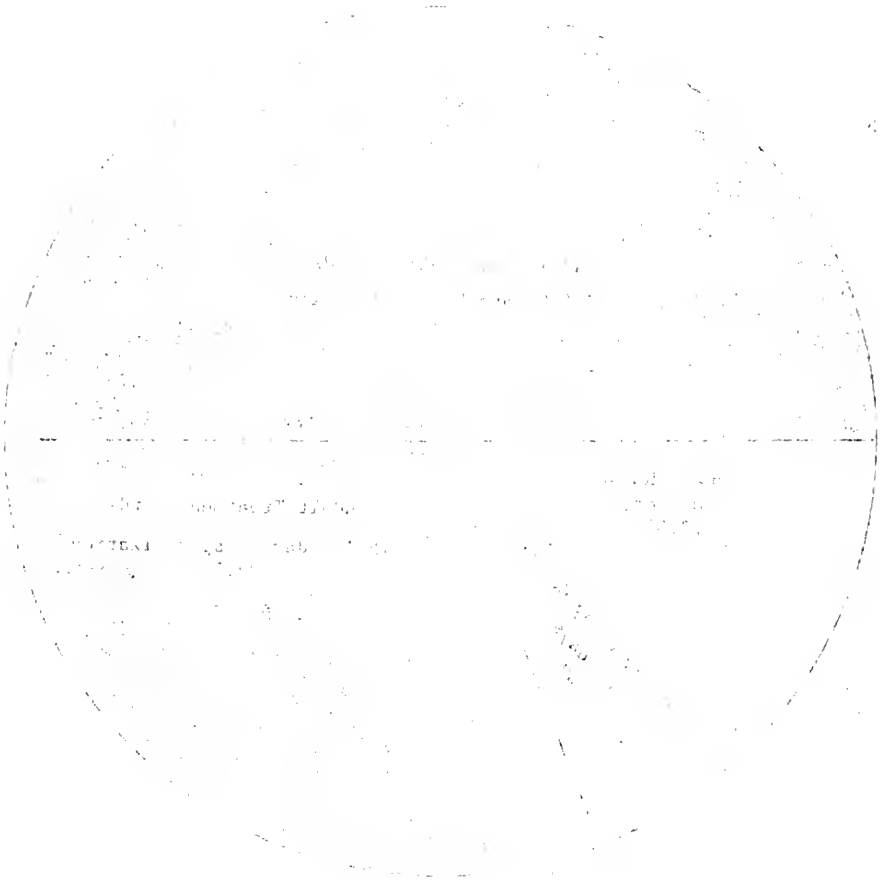


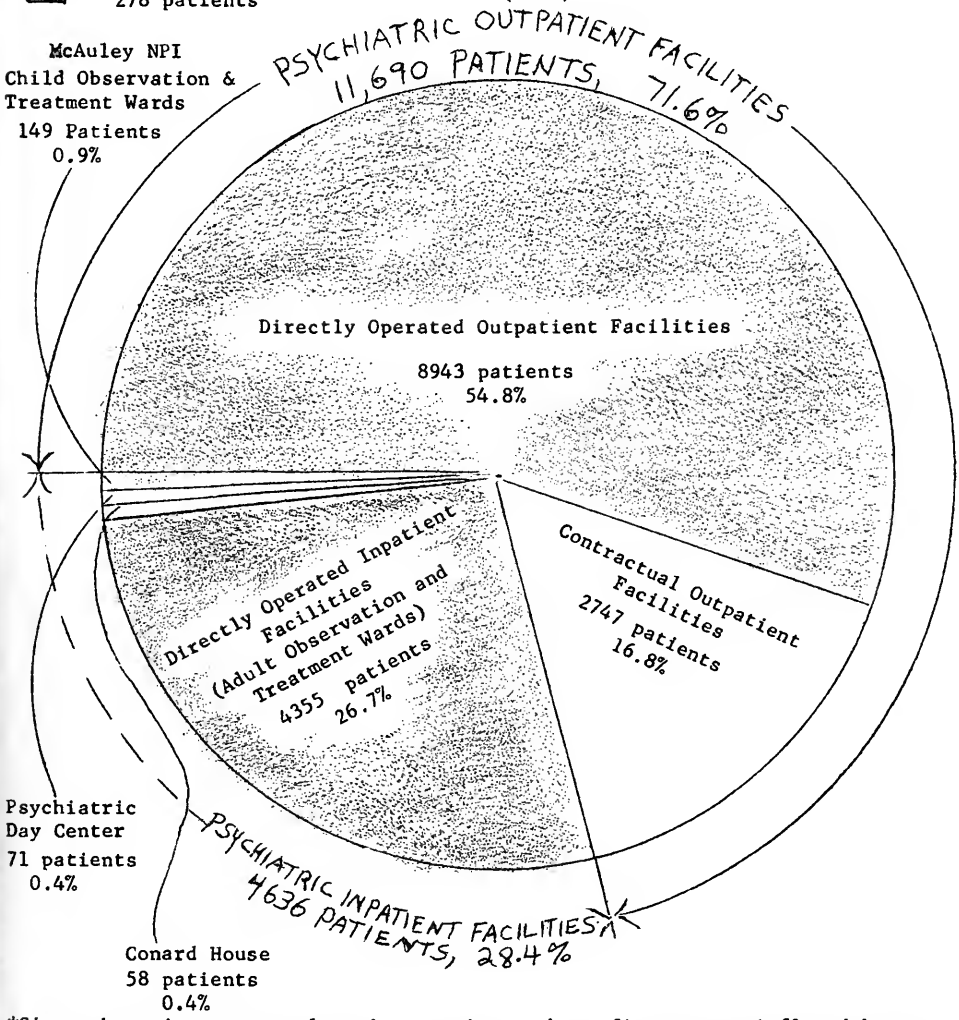
FIGURE 5
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
16,323* PATIENTS SERVED IN ALL FACILITIES
(DIRECTLY OPERATED AND CONTRACTUAL)
FROM JULY 1965 THROUGH JUNE 1966

= Directly operated outpatient facilities
8,943* patients (54.8%)

= Contractual outpatient facilities
2,747 patients* (16.8%)

= Directly operated inpatient facilities
4,355 patients (26.7%)

= Contractual inpatient facilities
278 patients (1.7%)



*Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.

FIGURE 6
PERCENT INCREASE OR DECREASE IN NUMBER OF PATIENTS SERVED
IN SFCMHS OUTPATIENT PSYCHIATRIC FACILITIES IN FISCAL YEAR 1965-1966
AS COMPARED WITH FISCAL YEAR 1964-1965

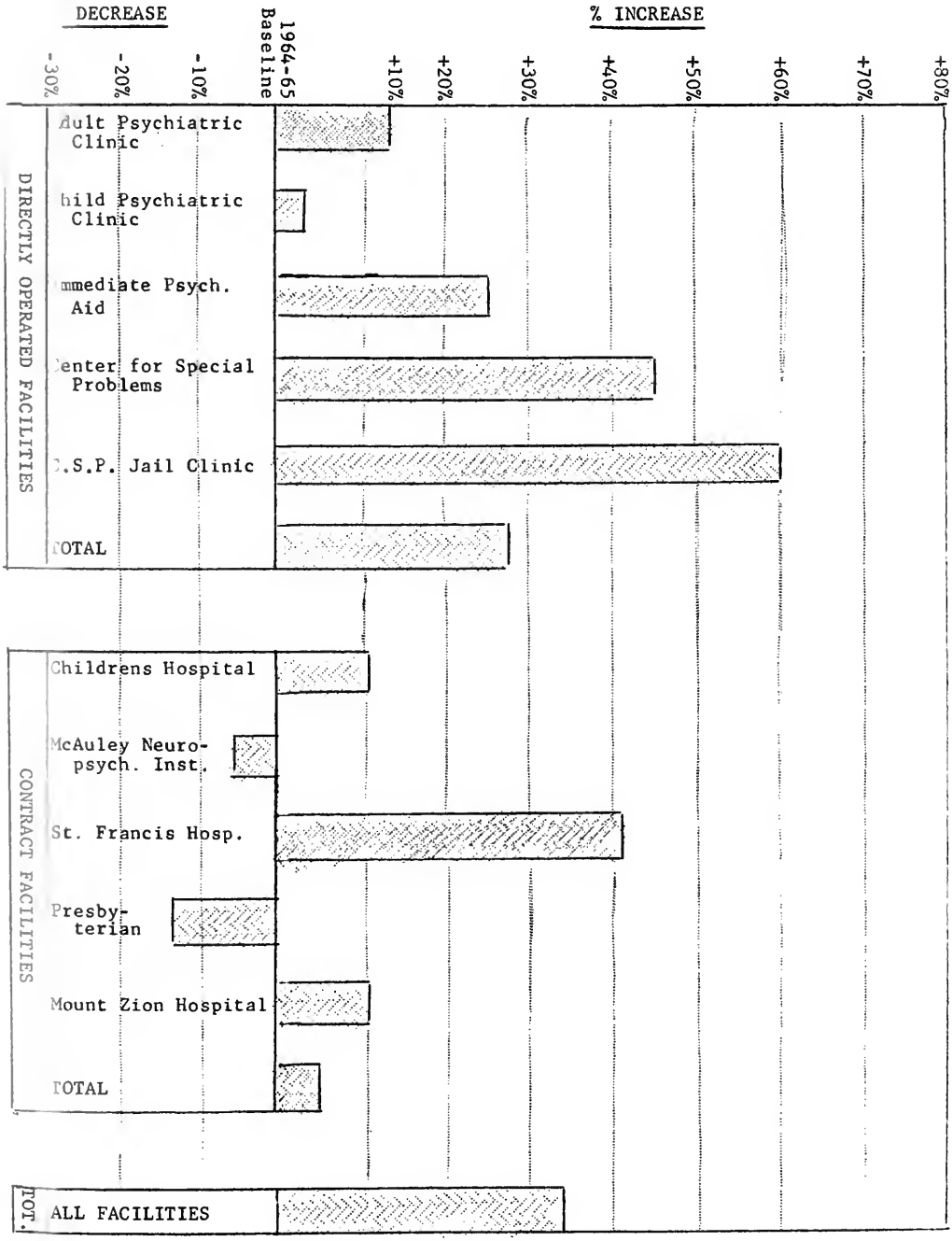


FIGURE 6

PERCENT CHANGE IN NUMBER OF PATIENT SERVICE
INPUT AND OUTPUTS, HYDROELECTRIC DAMS, LAKES IN FISCAL YEAR 1969-1984
AS COMPARED WITH THE 12 YEAR 1972-1983

FIGURE 7
PERCENT INCREASE OR DECREASE IN NUMBER OF INTERVIEWS PROVIDED PATIENTS IN SFCMHS OUTPATIENT PSYCHIATRIC FACILITIES IN FISCAL YEAR 1965-1966 AS COMPARED WITH FISCAL YEAR 1964-1965

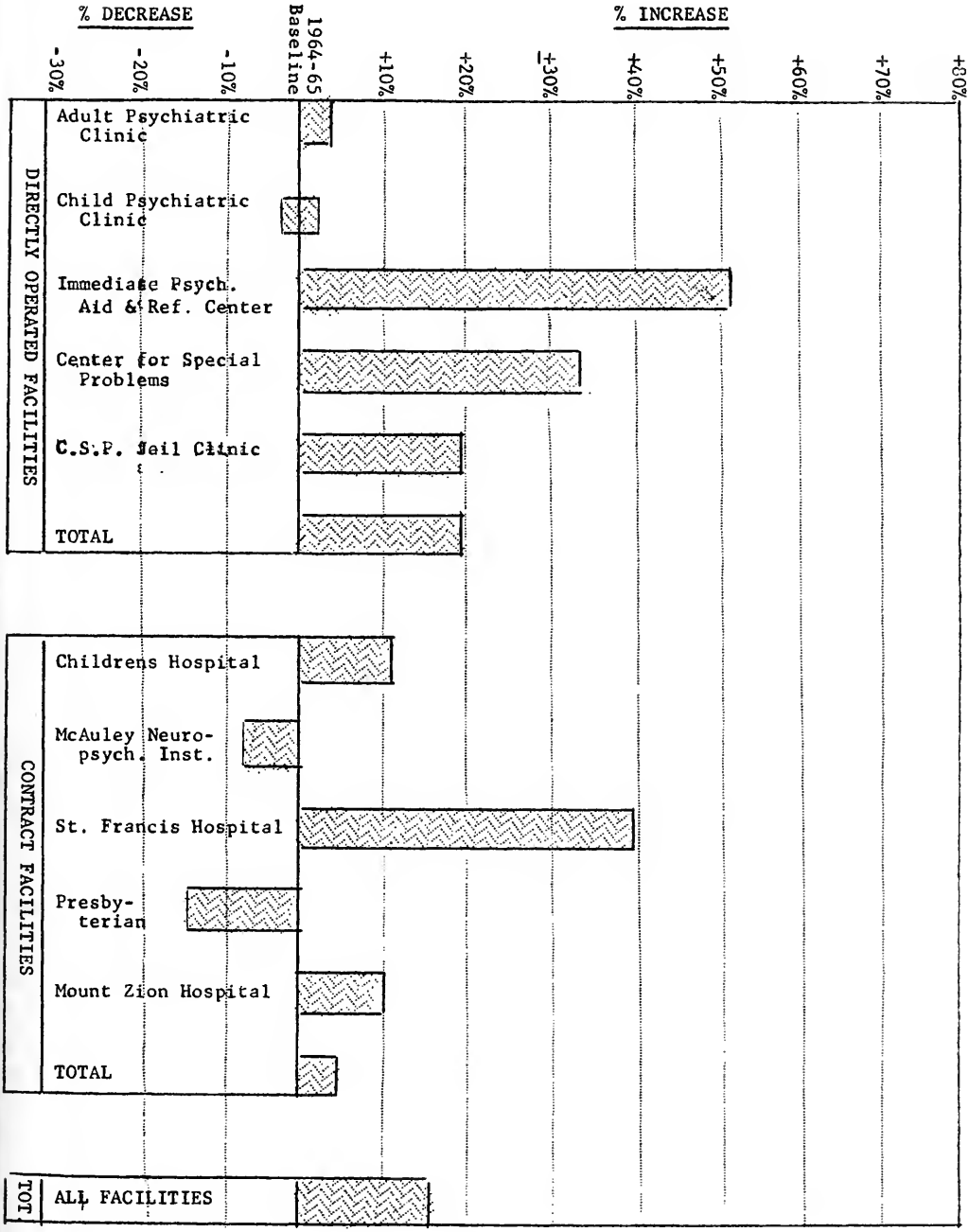
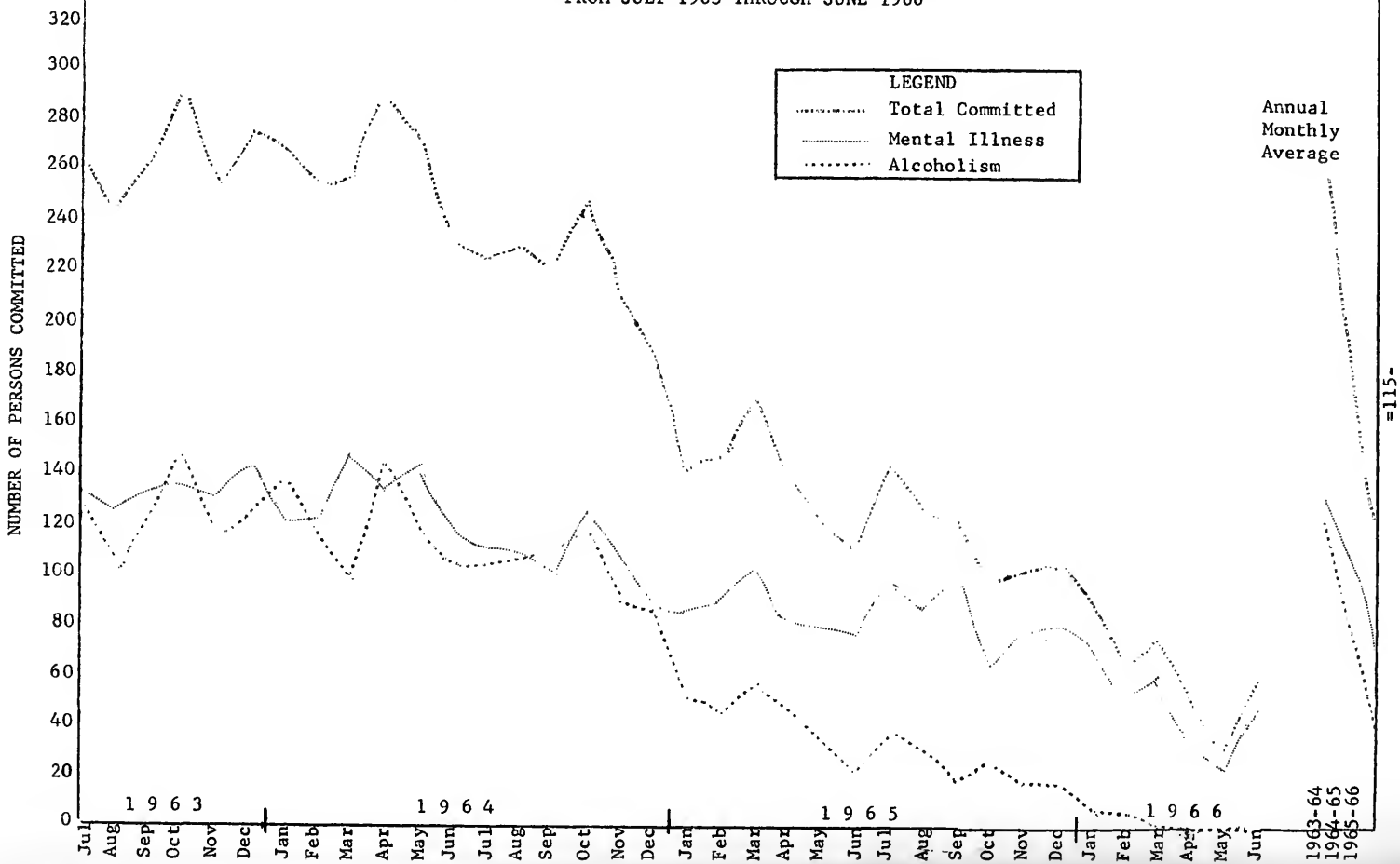


FIGURE 8
SAN FRANCISCO SUPERIOR COURT
NUMBER OF PERSONS COMMITTED TO CALIFORNIA STATE HOSPITALS
FROM JULY 1963 THROUGH JUNE 1966



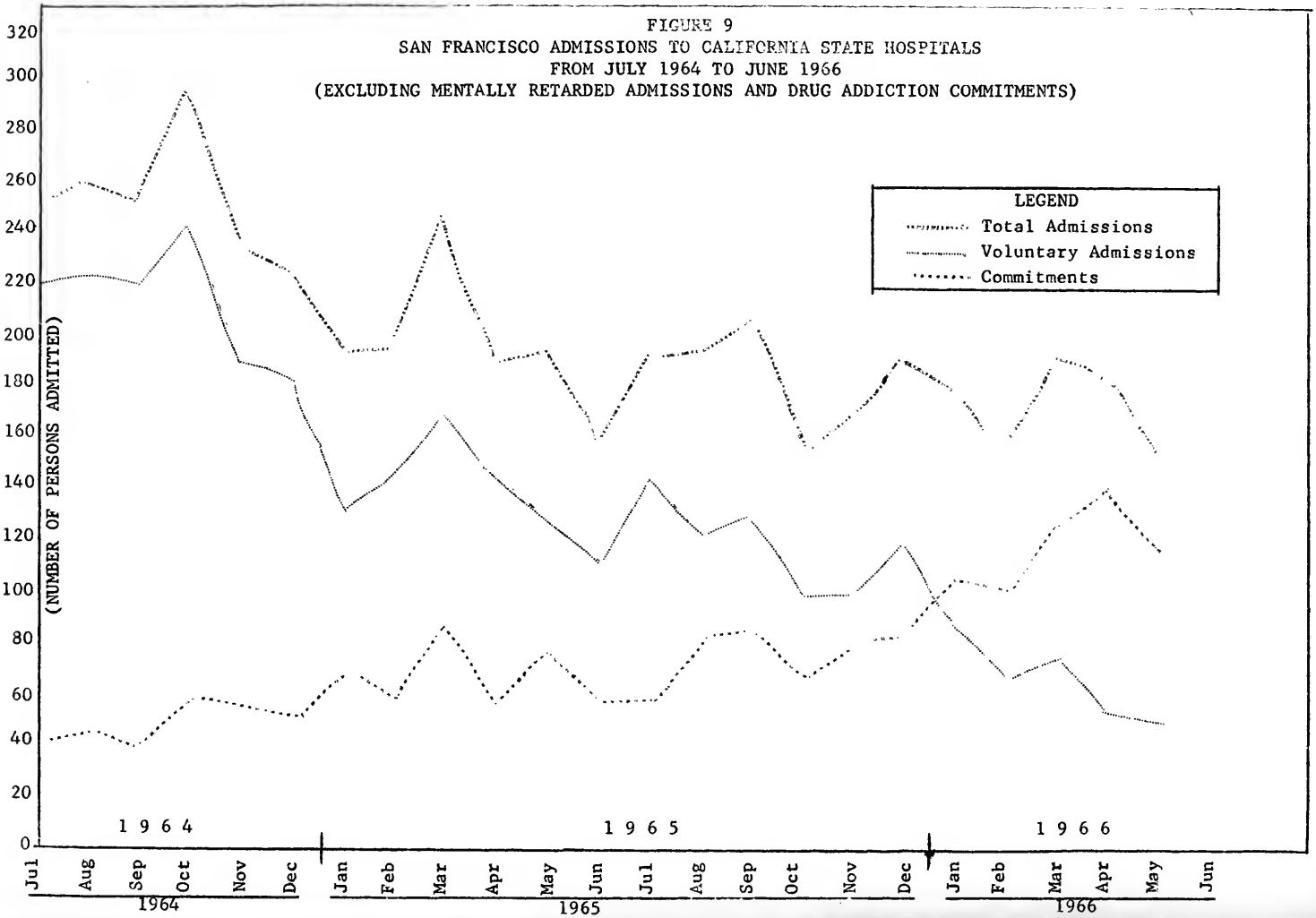


FIGURE 9
SAN FRANCISCO ADMISSIONS TO CALIFORNIA STATE HOSPITALS
FROM JULY 1964 TO JUNE 1966
(EXCLUDING MENTALLY RETARDED ADMISSIONS AND DRUG ADDICTION COMMITMENTS)
(NUMBER OF PERSONS ADMITTED)
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
LEGEND
Total Admissions
Voluntary Admissions
Commitments
1 9 6 4
1 9 6 5
1 9 6 6
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
1964
1965
1966

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Accounting					
5.511.200.000	$ 195	$	$ 195	$ 39	$ 156
5.315.218.511	60		60	54	6
5.314.225.511	3527	(1486)	2041	2008	33
5.511.300.000	425	50	475	462	13
Administration					
5.513.200.000	37700	20000	57700	57389	311
5.312.216.513	1900		1900	1054	846
5.315.218.513	1150		1150	987	163
5.313.224.513	1800	1100	2900	2748	152
5.314.225.513	400		400	391	9
5.695.231.513	7361		7361	7361	-
5.315.232.513	34155		34155	26451	7704
5.315.237.513	748		748	748	-
5.315.241.513	160		160	156	4
5.513.267.000	113000	80000	193000	193000	-
5.513.267.001	35000	(19000)	16000	16000	-
5.513.267.002	9000		9000	3099	5901
5.513.267.003	25000		25000	25000	-
5.513.300.000	4390		4390	4249	141
5.513.368.000	3400		3400	3381	19
5.513.400.000	2840		2840	2593	247
5.513.800.000	27620	10000	37620	32118	5502
Bacteriological Laboratory					
5.517.200.000	225		225	211	14
5.315.218.517	75		75	28	47
5.517.300.000	1275	750	2025	1943	82
5.517.365.000	5800	1000	6800	6517	283
5.517.368.000	8700	(1750)	6950	5984	966
5.517.400.000	8020		8020	6947	1073

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Chemical Laboratory					
5.519.200.000	$ 315	$	$ 315	$ 242	$ 73
5.315.218.519	30		30	-	30
5.519.300.000	200		200	200	-
5.519.365.000	840	(114)	726	708	18
5.519.368.000	350		350	338	12
5.519.400.000	4387	114	4501	4500	1
Alcoholism					
5.515.203.000	500		500	-	500
5.515.300.000	600		600	582	18
Maternal & Child Health					
5.521.200.000	711	30	741	732	9
5.521.203.000	400		400	400	-
5.315.218.521	60		60	22	38
5.521.267.000	592321		592321	592164	157
5.521.300.000	2400		2400	1563	837
5.521.367.000	1938		1938	1929	9
5.521.400.000	1634	(30)	1604	1375	229
5.521.999.000	13923		13923	9336	4587
Disease Control					
5.525.200.000	195		195	165	30
5.525.200.010	1280		1280	1270	10
5.525.203.000	250		250	182	68
5.312.216.525.010	150		150	41	109
5.315.218.525	50		50	-	50
5.315.240.525	102		102	90	12
5.525.300.000	1420		1420	1416	4
5.525.300.010	1345		1345	1340	5
5.525.365.000	100	(43)	57	12	45
5.525.365.010	1200		1200	1140	60
5.525.368.000	500		500	422	78
5.525.400.000	120		120	87	33
5.525.400.010	290		290	266	24
5.525.999.000	4250		4250	943	3307

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Dairy and Milk Inspection					
5.527.200.000	$ 4006	$ (54)	$ 3952	$ 3854	$ 98
5.315.216.527	3900		3900	2632	1268
5.315.218.527	25		25	-	25
5.527.300.000	5740	105	5845	5353	492
5.527.365.000	175	64	239	231	8
5.527.400.000	7595	(10)	7585	7056	529
Dental Bureau					
5.529.200.000	410		410	410	-
5.529.203.000	630		630	627	3
5.529.300.000	545		545	540	5
5.529.365.000	2500		2500	2487	13
5.529.368.000	1165		1165	1107	58
5.529.400.000	4330		4330	3530	800
Food and Sanitary Inspection					
5.531.200.000	5120	550	5670	5631	39
5.531.203.000	7000		7000	6943	57
5.312.216.531	1500		1500	1343	157
5.315.218.531	50		50	-	50
5.315.240.531	102		102	90	12
5.531.300.000	4429		4429	4429	-
5.531.365.000	180	80	260	168	92
5.531.400.000	6230	(449)	5781	5780	1
Health Centers					
5.535.200.000	3135	438	3573	3573	-
5.535.203.000	10000		10000	9990	10
5.312.216.535	550		550	453	97
5.315.218.535	200		200	186	14
5.315.237.535	1100		1100	1043	57
5.315.256.535	60		60	57	3
5.535.300.000	8230	(300)	7930	7866	64
5.535.365.000	6000		6000	5924	76
5.535.368.000	20000		20000	19303	697
5.535.400.000	4633	(381)	4252	4137	115
5.245.880.535	8300		8300	8300	-
5.535.999.000	89794		89794	88971	823

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Health Education					
5.537.200.000	$ 345	$ 50	$ 395	$ 356	$ 39
5.315.218.537	25		25	-	25
5.537.300.000	3195		3195	3146	49
5.537.400.000	775		775	764	11
Public Health Nursing					
5.539.200.000	22580	(22000)	580	298	282
5.539.200.001	22000		22000	22000	-
5.539.203.000	300		300	293	7
5.312.216.539	100		100	21	79
5.315.218.539	50		50	49	1
5.695.231.539	3555		3555	3555	-
5.539.300.000	1525		1525	1129	396
5.539.365.000	250		250	193	57
5.539.389.000	12982	(3282)	9700	2372	7328
5.539.400.000	1140		1140	1044	96
Statistics					
5.541.200.000	1171	(30)	1141	172	969
5.315.218.541	175	(51)	124	51	73
5.314.225.541	4400		4400	2310	2090
5.315.241.541	8200	30	8230	8013	217
5.541.300.000	3440	20	3460	3444	16
5.541.400.000	1011	(20)	991	815	176
T. B. Control					
5.543.200.000	1334		1334	1334	-
5.543.203.000	399		399	378	21
5.315.218.543	50		50	-	50
5.543.300.000	800		800	799	1
5.543.365.000	226		226	213	13
5.543.368.000	3625		3625	3358	267
5.543.367.000	12020		12020	11694	326
5.543.400.000	382		382	319	63
5.543.999.000	30581		30581	26401	4180

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Venereal Disease Control					
5.545.200.000	$ 745	$	$ 745	$ 728	$ 17
5.545.203.000	400		400	368	32
5.315.218.545	100		100	35	65
5.695.231.000	1329		1329	1329	-
5.315.237.545	202		202	185	17
5.315.240.545	118		118	98	20
5.315.256.545	150	24	174	174	-
5.545.300.000	2445	(225)	2220	2176	44
5.545.365.000	800	275	1075	1074	1
5.545.368.000	3500	96	3596	3560	36
5.545.400.000	55		55	46	9
5.245.880.545	3360		3360	3360	-
5.545.800.000	100		100	-	100
5.545.999.000	8402		8402	5806	2596
TOTAL CENTRAL OFFICE	$1331763	$ 65551	$ 1397314	$ 1337857	$ 59457

DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
5.551.200.000	$ 425	$ 200	$ 625	$ 625	$ -
5.551.203.000	110		110	95	15
5.312.216.551	13300	2115	15415	15415	-
5.315.218.551	60		60	-	60
5.314.225.551	600		600	315	285
5.695.231.551	3910		3910	3910	-
5.315.232.551	5400		5400	4372	1028
5.555.236.551	6000		6000	5563	437
5.315.237.551	1062		1062	974	88
5.315.240.551	90		90	90	-
5.551.300.000	9541		9541	9502	39
5.551.365.000	8045	(200)	7845	7172	673
5.557.368.551	3000		3000	2506	494
5.551.383.000	3125		3125	3086	39
5.551.389.000	1200		1200	981	219
5.551.400.000	31343	3000	34343	33733	610
TOTAL EMERGENCY HOSPITALS	$87211	$ 5115	$ 92326	$ 88339	$ 3987

DEPARTMENT OF PUBLIC HEALTH - HASSLER HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
5.553.200.000	$ 42606	$ 4050	$ 46656	$ 46611	$ 45
5.553.200.001	5000		5000	5000	-
5.553.203.000	190	50	240	201	39
5.312.216.553	1900		1900	1775	125
5.315.218.553	160		160	70	90
5.695.231.553	23804		23804	23804	-
5.315.232.553	3268	1110	4378	4378	-
5.315.256.553	600		600	594	6
5.553.300.000	15310	4000	19310	19171	139
5.553.365.000	6000	4500	10500	10200	300
5.553.367.000	1400		1400	915	485
5.553.368.000	15500	8500	24000	23135	865
5.553.383.000	10000	6500	16500	16272	228
5.553.389.000	86714	(7586)	79128	76093	3035
5.555.390.553	26286	(8050)	18236	18236	-
5.553.400.000	15511	7254	22765	20951	1814
5.553.800.000	4124		4124	3742	382
TOTAL HASSLER HOSPITAL	$ 258373	$ 20328	$ 278701	$ 271148	$ 7553

DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
5.555.200.000	$ 10550	$ 977	$ 11527	$ 10290	$ 1237
5.314.225.555	900	(100)	800	618	182
5.312.216.555	1320	377	1697	1697	-
5.315.218.555	300		300	1	299
5.695.231.555	116271		116271	116271	-
5.315.232.555	9110		9110	8463	647
5.315.237.555	3200	255	3455	3030	425
5.315.240.555	96		96	90	6
5.315.241.555	2268	(200)	2068	2033	35
5.315.256.555	2620	(832)	1788	1788	-
5.555.300.000	89054	(930)	88124	86062	2062
5.555.365.000	57289	13500	70789	62318	8471
5.555.367.000	4800		4800	4539	261
5.555.368.000	108500	22721	131221	125090	6131
5.555.383.000	102728	100	102828	102456	372
5.555.389.000	408000		408000	395909	12091
5.555.390.555	165000	8658	173658	173658	-
5.555.400.000	112763		112763	102831	9932
Rehabilitation Wards					
5.556.200.000	4108		4108	1622	2486
5.315.218.556	100		100	57	43
5.315.232.556	204		204	117	87
5.556.300.000	10000	600	10600	10494	106
5.556.365.000	6000	(600)	5400	3855	1545
5.556.367.000	372		372	215	157
5.556.368.000	9100		9100	5636	3464
5.556.383.000	2000		2000	1757	243
5.556.389.000	22000		22000	12712	9288
5.555.390.556	9000	(3044)	5956	5200	756
5.556.400.000	2411		2411	2311	100
TOTAL LAGUNA HONDA HOSPITAL	$ 1260064	$ 41482	$ 1301546	$ 1241120	$ 60426

DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
5.555.200.000	$ 10550	$ 977	$ 11527	$ 10290	$ 1237
5.314.225.555	900	(100)	800	618	182
5.312.216.555	1320	377	1697	1697	-
5.315.218.555	300		300	1	299
5.695.231.555	116271		116271	116271	-
5.315.232.555	9110		9110	8463	647
5.315.237.555	3200	255	3455	3030	425
5.315.240.555	96		96	90	6
5.315.241.555	2268	(200)	2068	2033	35
5.315.256.555	2620	(832)	1788	1788	-
5.555.300.000	89054	(930)	88124	86062	2062
5.555.365.000	57289	13500	70789	62318	8471
5.555.367.000	4800		4800	4539	261
5.555.368.000	108500	22721	131221	125090	6131
5.555.383.000	102728	100	102828	102456	372
5.555.389.000	408000		408000	395909	12091
5.555.390.555	165000	8658	173658	173658	-
5.555.400.000	112763		112763	102831	9932
Rehabilitation Wards					
5.556.200.000	4108		4108	1622	2486
5.315.218.556	100		100	57	43
5.315.232.556	204		204	117	87
5.556.300.000	10000	600	10600	10494	106
5.556.365.000	6000	(600)	5400	3855	1545
5.556.367.000	372		372	215	157
5.556.368.000	9100		9100	5636	3464
5.556.383.000	2000		2000	1757	243
5.556.389.000	22000		22000	12712	9288
5.555.390.556	9000	(3044)	5956	5200	756
5.556.400.000	2411		2411	2311	100
TOTAL LAGUNA HONDA HOSPITAL	$ 1260064	$ 41482	$ 1301546	$ 1241120	$ 60426

DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
5.557.200.000	$ 116640	$(65991)	$ 50649	$ 48822	$ 1827
5.557.200.001	30411		30411	30411	-
5.557.203.000	50		50	30	20
5.312.216.557	750		750	747	3
5.315.218.557	1800	100	1900	1426	474
5.314.225.557	3000		3000	2426	574
5.695.231.557	121312		121312	121312	-
5.315.232.557	56320	1211	57531	57531	-
5.315.237.557	5971		5971	5682	289
5.315.238.557	7250	992	8242	8242	-
5.315.240.557	90		90	90	-
5.315.241.557	7808	2348	10156	7461	2695
5.315.256.557	1400	(50)	1350	1308	42
5.557.267.001	871932		871932	871932	-
5.557.300.000	150502	(4470)	146032	145724	308
5.557.365.000	211800	70602	282402	281785	617
5.557.367.000	70500	5000	75500	75208	292
5.557.368.000	355000	130000	485000	469548	15452
5.557.368.001	50000		50000	42036	7964
5.557.383.000	90000	3350	93350	93304	46
5.557.389.000	373500	(2342)	371158	366408	4750
5.555.390.557	94000	905	94905	94905	-
5.557.400.000	190176		190176	178306	11870
5.557.491.000	5000		5000	5000	-
TOTAL S. F. GENERAL HOSPITAL	$ 2815212	$141655	$ 2956867	$ 2909644	$ 47223

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Administration					
5.561.200.000	$ 108350	$(20000)	$ 88350	$ 3235	$ 85115
5.561.203.000	50		50	44	6
5.315.218.561	50		50	-	50
5.561.267.000	400328		400328	394337	5991
5.561.300.000	1650		1650	1192	458
5.561.400.000	1830		1830	1665	165
5.561.800.000	75		75	62	13
Center for Special Problems					
5.563.200.000	3100		3100	1570	1530
5.563.200.010	40		40	-	40
5.563.203.000	100		100	75	25
5.563.203.010	800		800	800	-
5.315.218.563	60		60	-	60
5.315.218.563.010	20		20	-	20
5.563.300.000	1875		1875	1871	4
5.563.300.010	250		250	238	12
5.563.365.000	400		400	17	383
5.563.368.000	16500	(40)	16460	12146	4314
5.563.368.010	1750		1750	1037	713
5.563.400.000	1990		1990	1759	231
5.563.800.000	35	40	75	75	-
5.245.880.563	20000		20000	20000	-
Child Psychiatric Clinic					
5.565.200.000	150		150	150	—
5.565.203.000	300	25	325	315	10
5.315.218.565	30		30	-	30
5.565.300.000	750		750	743	7
5.565.800.000	60		60	39	21
5.245.880.565	11700		11700	11700	-

Account No.	1965-66 Budget Allowance	Adjust-ments	1965-66 Adjusted Allowance	Expended and Encumbered	Balance
Institutional Services					
Administration					
5.567.200.000	$ 75	$	$ 75	$ 57	$ 18
5.312.216.567	150	46	196	196	-
5.315.218.567	30		30	11	19
5.315.240.567	90		90	90	-
5.567.300.000	650		650	539	111
5.567.400.000	965	286	1251	1184	67
Psy. Inpatient					
5.567.200.010	620		620	457	163
5.567.300.010	25245	(25)	25220	23000	2220
5.567.365.010	2550		2550	2550	-
5.567.368.010	14200		14200	14200	-
5.567.389.010	46000		46000	46000	-
5.567.400.010	13890	(286)	13604	13013	591
Adult Psy. Clinic					
5.567.200.020	75		75	47	28
5.567.203.020	200		200	-	200
5.567.300.020	650		650	608	42
5.567.368.020	14500		14500	14500	-
5.567.400.020	530		530	477	53
TOTAL C.M.H.S.	$ 692663	$(19954)	$ 672709	$ 569999	$102710

DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1965 - 66

Revenue Account No.	Source	Budget Estimate	*Actual Receipts
3103	Public Eating Places	$ 137000	$ 139052
4501	Penalties	1000	1183
6538	Salary Refund (Federal)	14000	18871
6540	Special Public Health Assistance Funds	165000	171818
6760	Crippled Children's Services (State)	442000	431752
6786	Mental Health Services (State)	1700000	1666855
7502	Milk Inspection	157000	154250
7526	Food Vehicle Permits	400	730
7527	Poultry Dealers	1000	875
7528	Salvaged Goods	-	30
7543	Fumigation Inspection	200	175
7544A	Laundry Renewals	2500	2545
7544B	Laundry Openings	1000	870
7549	Refuse Collectors	700	1330
7562	Massage Parlors	150	200
7581	Birth Certificates	40000	54169
7582	Death Certificates	75000	84076
7583	Removal Permits	10000	10401
7590	Burial Refunds	12000	10977
7590	Travel Certificates	12000	14592
7590	Filing Fees	20000	21980
7590	Misc. Revenues	300	475
7625	Adult Guidance Center (Patients)	5000	6740
7626	Nalline Clinic	9000	9444
7660	Crippled Children's Services (Parents)	14000	17965
7669	Sheriff's Transportation	5000	870
7686	Child Psychiatric Clinic (Parents)	2000	1138
	Total Central Office	$2826250	$2823363

* Includes Accounts Receivable as well as fees received.

INSTITUTIONS

Revenue Account No.	Source	Budget Estimate	*Actual Estimate
Hassler Hospital			
7631	Care of Patients	$ 920000	$1104295
7632	Meals, Misc.	2500	2641
	Total Hassler Hospital	$ 922500	$1106936
Laguna Honda Hospital			
7611	Care of Patients	5019000	5388942
7611A	Rehabilitation	620677	162304
7612	Miscellaneous	2000	5317
	Total Laguna Honda Hospital	$5641677	$5556563
San Francisco General Hospital			
7601 A	Care of Patients	800000	897098
B	Care of Patients P.O.	70000	95603
C	Care of Patients P.T.	70000	74906
D	Care of Patients O.P.C.	2000	1747
E	Care of Patients T.B.	50000	162695
7602	Meal Tickets	8000	11344
7604	Care of Compensation Cases	90000	125004
7606	Care of Public Assistance Patients	1100000	2734106
7609	Miscellaneous	5000	5470
6539	T. B. Subsidy	125000	137441
	Total S. F. General Hospital	$2320000	$4245414
	TOTAL INSTITUTIONS	$8884177	$10908913
	TOTAL DEPARTMENT OF PUBLIC HEALTH	$11710427	$13732276

* Includes Accounts Receivable as well as fees received

ANNUAL REPORT

1966 – 1967

SAN FRANCISCO DEPARTMENT OF

PUBLIC HEALTH

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
SAN FRANCISCO, CALIFORNIA 94102

September 5, 1967

Through Mr. Thomas J. Mellon
Chief Administrative Officer

The Honorable John F. Shelley
Mayor
City and County of San Francisco

Dear Mayor Shelley:

Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith. This report reflects the activities of the Department's 3600 employees during the past fiscal year, and includes numerous comments relative to changes which are necessary for the improvement of the health of the people of San Francisco.

Your attention is called particularly to the report of the Bureau of Environmental Health, beginning on Page 8. On July 1, 1967, the responsibility for enforcement of the provisions of the Housing Code of the City and County of San Francisco was transferred from this Department to the Department of Public Works. With it has passed the responsibility for supervision of more than 16,000 apartment houses and hotels housing thousands of San Franciscans. The hygiene of housing is an extremely important factor in urban living, and it is hoped that this transfer will accomplish what was intended.

Your attention is also directed to the report of the Division of Tuberculosis Control beginning on Page 41, relative to our outstanding case finding program and the techniques which were instituted some five years ago to reduce missed visits to our clinical services.

The report of the Division of Venereal Disease Control reveals that more than 10,000 cases of gonococcal infection were diagnosed at our Venereal Disease Clinic at 33 Hunt Street. This far exceeds the total of all other reportable diseases and constitutes a major public health problem. It will be necessary during the coming year that we secure new quarters, because the area in which the clinic is now located is within the confines of the Yerba Buena Housing Project.

Not included in the report is the fact that our Nalline Clinic for testing narcotic addicts gave 5,685 tests during the last fiscal year. This brings the total tests since its inception about ten years ago to 52,655 tests on more than 2,300 patients.

The report of the institutional services reveals that we are maintaining an extremely high quality of service to sick San Franciscans who are eligible for or otherwise need the care provided in our institutions, including the Emergency Hospital Services.

A most important function, that of our Mental Health Services, has an extremely complete and interesting set of statistical tables that reveal the increase in

the utilization of our services for the mentally ill. I can assure you that the quality of our services is up to the best standards anywhere.

The cooperation of your office and the cooperation of the Chief Administrative Officer have been most significant in helping us attain our goals. The excellent service of both Advisory Boards, the Health Advisory Board appointed by the Chief Administrative Officer, and the Mental Health Advisory Board, appointed by the Board of Supervisors, has been a great factor in determining the quality and quantity of our services and in creating guidelines for the future.

A most important element not covered by this report is the necessity for long-range comprehensive health planning by the City, its government, and the people generally, working together.

Very truly yours,

ELLIS D. SOX, M. D.
Director of Public Health

Attachment

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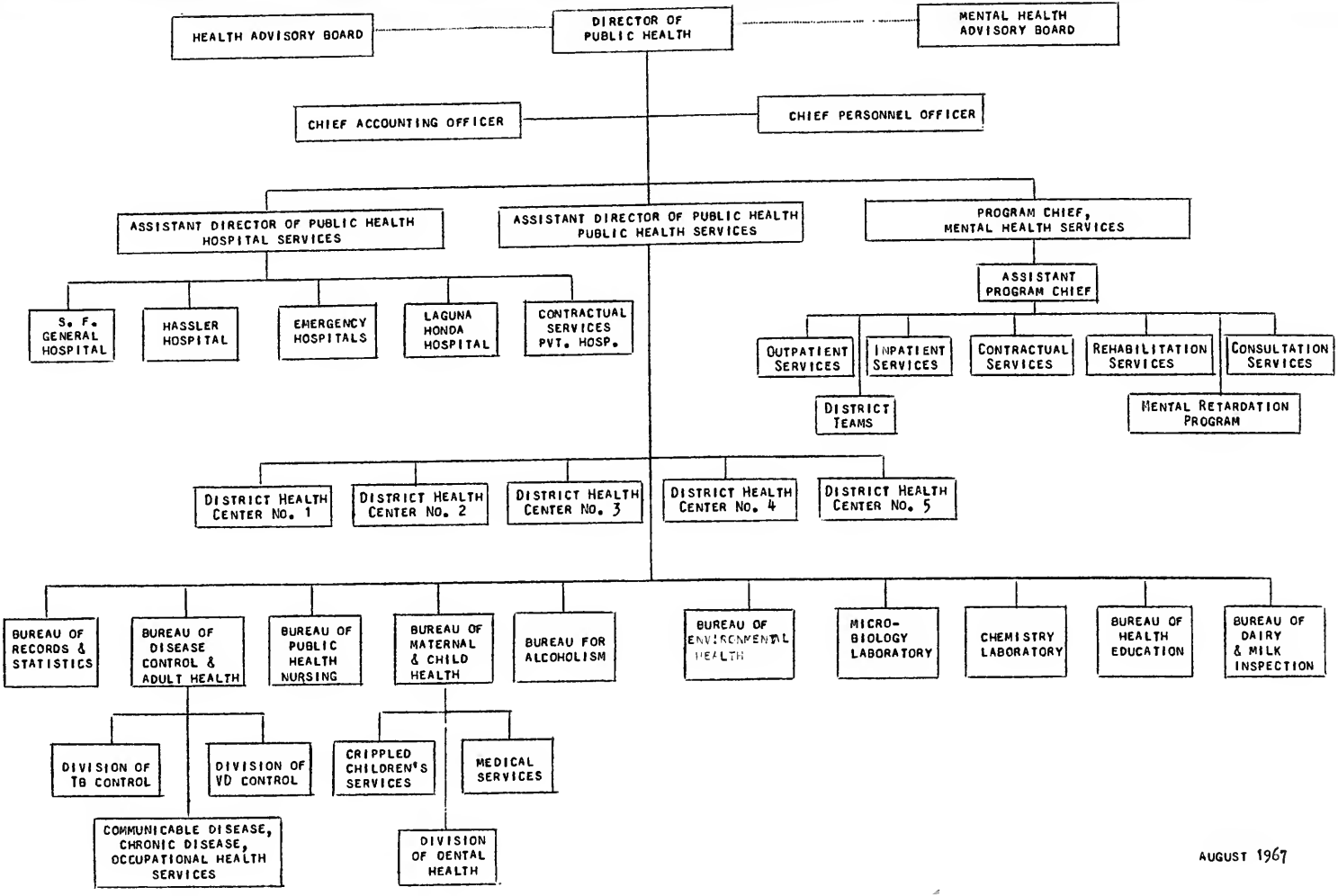
CONTENTS

ORGANIZATION OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



AUGUST 1967

BUREAU OF RECORDS AND STATISTICS

BIRTH AND DEATH REGISTRY

During the fiscal year 1966-67, the number of births registered was 15,222 or 10.4% less than the 16,986 registered in 1965-66. Recorded deaths decreased 6.2% to 9,676 in 1966-67 from 10,315 in 1965-66. Fetal death registration declined to 183 from 222 for the same period.

Revenue for the fiscal year 1966-67 showed an overall decrease of 1.6% to $146,294 from $148,646 in 1965-66. Revenue for certified copies of births increased $1,667 or 3.1% higher than the $54,169 collected in 1965-66; there was a 3.4% increase in the number of certified copies of birth certificates. The number of certified copies ofdeaths decreased 2.7%, but since the number of free copies increased, revenue declined 3.6%. The amount collected, $80,992, was $2,992 less than the $83,984 collected in fiscal year 1965-66. Fees collected for removal permits declined to $9,404 from $10,401 or 9.6%.

	FISCAL YEAR			Change 1966-67	Percent
REGISTRATIONS	1964-65	1965-66	1966-67	from 1965-66	Change
Births	18,714	16,986	15,222	-1764	-10.4
Deaths	9,828	10,315	9,676	- 639	- 6.2
Fetal Deaths	230	222	183	- 39	-17.6
CERTIFIED COPIES	66,923	74,045	73,814	- 231	- 0.3
Births	25,461	29,144	30,139	995	+ 3.4
Deaths	41,462	44,901	43,675	-1226	- 2.7
TOTAL FEES COLLECTED	$134,626	$148,646	$146,294	-$2352	- 1.6
Certified copies of births	$ 46,899	$ 54,169	$ 55,836	$1667	+ 3.1
Certified copies of deaths	$ 77,616	$ 83,984	$ 80,992	-$2992	- 3.6
Removal permits deaths & fetal deaths	$ 10,027	$ 10,401	$ 9,404	- 997	- 9.6
Receipts for Searches	$ 84	$ 92	$ 62	- 30	-32.6
FEES WAIVED	4,759	5,030	5,170	140	+ 2.8
Births	2,052	2,113	2,100	- 13	- 0.6
Deaths	2,707	2,917	3,070	153	+ 5.2

The provisional estimate of population for July 1, 1966, made by the California State Department of Finance was 740,200, slightly less than the 1960 Census figure of 740,316, but a decrease of 10,300 or 1.4% from the 1965 estimate of 750,500. The estimates for 1965 and 1966 were derived by different methods, are not necessarily comparable, and are subject fo further revision.

Tentative and provisional rates for the United States, California and 4 Bay Area counties for the calendar years 1960-66 and final figures for San Francisco based on enumerated population for 1960 and estimated population for 1961-66 are:

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
			BIRTH RATES PER 1,000 POPULATION				
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1965	19.4	18.9	18.5	17.7	17.1	16.4	17.6
1966	18.5	18.0	17.1	N.A.	N.A.	15.2	N.A.
			DEATH RATES PER 1,000 POPULATION				
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6
1965	9.4	8.1	8.8	6.4	6.8	12.9	6.8
1966	9.5	8.2	N.A	N.A	N.A	13.2	N.A

Again in 1966, birth rates continued the downward trend that began 10 years ago. In the United States, the 1966 rate was the lowest since 1936; the peak was 25.3 in 1957. California's 1966 rate was the lowest since 1941 when it was 17.3; its peak rate was 24.8 in 1947 with another high of 24.7 in 1957. San Francisco's birth rate of 15.2 in 1966 was the lowest since 1941. Resident births in San Francisco decreased to 11,223, 1,099 fewer or 8.9% less than the 1965 figure of 12,322. Decreases in birth rates reflect the decline in family size and more spacing between children that preceded use of "the pill" by several years. However as the post World War II children have families the number of births will again increase. Resident deaths increased 0.6% to 9,762 in 1966 from 9,704 in 1965.

TABLE 1 ranks important causes of death in 1966 for San Francisco, California and the United States. Figures for California and the U.S. are provisional. The overall rates increased slightly in all three jurisdictions. Heart disease, cancer and vascular lesions of the central nervous system were first, second and third in all three jurisdictions with rates as usual higher in San Francisco than either of the others. Cirrhosis was fourth cause in San Francisco, with a rate of 78.1 per 100,000 population, sixth in California with a rate of 21.3 and ninth in the U.S. with a rate of 13.5. Accidents in fourth place in California and U.S. were the fifth cause in San Francisco, outranking influenza and pneumonia, the fifth cause in California and the U.S. The San Francisco suicide rate was nearly twice California's and three times the U.S. rate; it was the seventh cause of death in San Francisco, eighth in California and eleventh in the U.S. Certain diseases of early infancy were in sixth place in the U.S. but seventh in California and ninth in San Francisco. Arteriosclerosis and diabetes were the seventh and eighth causes in the U.S. while in San Francisco arteriosclerosis was tenth and diabetes the eleventh cause. Emphysema, eighth in San Francisco was tenth on both the California and U.S. lists.

TABLE 1
DEATHS FROM IMPORTANT CAUSES,
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1966

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.
ALL CAUSES	-	-	-	1318.8	818.3	954.2	100.0	100.0	100.0
Heart Diseases	1	1	1	481.2	310.7	373.0	36.5	38.0	39.1
Malignant Neoplasms	2	2	2	230.1	138.5	154.7	17.4	16.9	16.2
Vascular Lesions, C.N.S.	3	3	3	134.6	86.6	104.5	10.2	10.6	11.0
Cirrhosis of Liver	4	6	9	78.1	21.3	13.5	5.9	2.6	1.4
Accidents	5	4	4	61.3	56.5	57.0	4.7	6.9	6.0
Influenza and Pneumonia	6	5	5	47.7	28.1	32.8	3.6	3.4	3.4
Suicides	7	8	11	33.8	17.9	10.3	2.6	2.2	1.1
Emphysema	8	10	10	26.7	14.3	11.6	2.0	1.8	1.2
Certain Diseases of Early Infancy	9	7	6	23.4	22.3	26.5	1.8	2.7	2.8
Arteriosclerosis	10	9	7	22.8	14.5	19.5	1.7	1.8	2.0
Diabetes	11	11	8	16.3	10.9	18.1	1.2	1.3	1.9
Aortic Aneurysms	12	13	14	12.0	7.1	5.6	0.9	0.9	0.6
Ulcers of Stomach and Duodenum	13	14	16	10.5	5.5	5.2	0.8	0.7	0.5
Congenital Malformations	14	12	12	8.9	8.7	9.3	0.7	1.1	1.0
Homicide	15	15	13	7.8	5.0	5.7	0.6	0.6	0.6
Hernia and Intestinal Obstruction	16	17	17	7.7	4.0	5.0	0.6	0.5	0.5
Infections of Kidney	17	16	18	6.3	4.1	4.8	0.5	0.5	0.5
Nephritis	18	18	15	5.9	3.6	5.5	0.5	0.4	0.6
Tuberculosis	19	19	19	5.4	2.8	3.9	0.4	0.3	0.4
All Other Causes	-	-	-	98.3	55.9	87.7	7.4	6.8	9.2

SOURCES:

San Francisco: Department of Public Health Records
California: Communication from State Department of Public Health: Provisional 1966 Figures
U.S. Monthly Vital Statistics Report, Vol. 16, No.1 March 30, 1967.

PERSONNEL DIVISION

The Personnel Division manages the personnel program for employees in the framework of Civil Service and Department of Public Health policy and regulations.

In the past fiscal year the work load in the areas of discipline, grievances, reclassifications, salary matters and personnel transactions has continued to increase in both complexity and amount.

Since requisitions relate to permanent vacancies created through resignations, relinquishments, terminations, lay-offs; or to vacancies of a temporary nature established through educational or military leaves, promotional opportunities, sick leaves, or a variety of other reasons, the necessary documentation of all such personnel transactions are a prelude to the submission of the actual requisitions. Thus, the increase in overall work load of the Division can be measured to some degree by an analysis of requisitions issued:

1966-67

Permanent requisitions issued for 303 positions.

Temporary requisitions issued for 1434 positions.

Continued shortage of qualified personnel in the following classifications has continued to create problems in the department during the fiscal year:

Clerk Stenographer
Medical Clerk Stenographer
Medical Social Worker
Medical Transcriber Typist
Operating Room Nurse
Orderly
Senior Physician Specialist
X-Ray Technician

It is hoped the utilization of flexible staffing and the near-list concept by the Civil Service Commission will materially assist to reduce the number of vacancies in the clerical series.

The salary increase for the nursing service has aided in the recruitment of nurses for permanent appointment; however, vacancies still exist.

Additional vacant positions representing a wide and varied occupational spectrum have been filled by appointment of limited tenure employees in the absence of civil service eligibles. Currently, the whole limited tenure concept is under study by the Civil Service Commission and the Board of Supervisors for possible revision.

Permanent appointment of a regular civil service appointee to the Senior Departmental Personnel Officer classification has stabilized the turnover in the Personnel Office itself where this office has had six employees in the position within the past eight years. Assignment of a Senior Management Assistant to the Personnel Office has materially assisted the Senior Departmental Personnel Officer to perform personnel management services. As a start, the employee orientation program has been resurrected after a long absence. A detailed procedure for reporting and recording industrial injuries for Central Office bureaus and divisions has been completed and is currently being utilized. Additionally, the Personnel Office has been the coordinating agency for the Department of Public Health and has actively participated in the planning phase of the "New Careers Program" which is currently before the Board of Supervisors for approval.

The permanent personnel of the department was distributed in the last two fiscal years as follows:

	1964-65	1965-66
San Francisco General Hospital	1,436	1,456
Laguna Honda Hospital	873	879
Central Office	457	465
Community Mental Health Services	231	242
Hassler Hospital	131	133
Emergency Hospital Services	97	97

Fiscal Year	District Health Centers	Other Health Department Bureaus	Directly to Public	Total
1964 - 1965	90,675	17,720	12,034	119,335
1965 - 1966	54,886	13,721	7,916	76,523
1966 - 1967	63,819	8,162	6,896	78,877

6. A free-loan film library of educational motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Film loan service directly to the public was discontinued in September 1966. Requests are referred to the State Health Department Film Library in Berkeley which loans by mail from a complete health film library. Our films are still available for programs in San Francisco when Department personnel are involved; and while there was a decrease in requests during the last year, there was an increase in reported attendance. The following table shows the use of the film library for the last three years:

Fiscal Year	Number of Requests for Films	Number of Film Showings	Total Attendance
1964 - 1965	815	1,184	50,387
1965 - 1966	929	1,270	54,518
1966 - 1967	612	889	58,908

Special Projects

A "Maternity and Infant Care Project" has been Federally funded since July 1965 to prevent mental retardation and other conditions associated with poor prenatal, obstetrical or infant care. A health educator has been employed as the educational member of the project team. Through the Division of VD Control another Federally funded project has established a health education position for the last three years to plan, promote and coordinate VD education, particularly in the schools. The work of these health educators is supervised by medical administrators with technical and professional supervision by the Chief, Bureau of Health Education.

Decentralized Health Education

Decentralization of health education services is continuing as with other departmental programs and services. Another health education position was approved in the budget, permitting the assignment of two full-time health educators in Health Districts #1 and #2 who worked under the direction of the District Health Officer.

BUREAU OF ENVIRONMENTAL HEALTH

The Bureau of Environmental Health is concerned with a wide spectrum of Public Health Programs. The following is a list of the major activities of this Bureau:

Administrative Hearings and Legal Actions
Air Sanitation
Ambulances
Complaint Investigation
Food Inspection - Restaurants, Markets, etc.
Food Service Training Courses
Fumigation Inspection and Permitting
Housing Inspection
Industrial Hygiene Investigations
Institutional Inspections
Laundry Inspection
Meat Processing Inspection
Mosquito Control
Plague Surveillance
Salvage Foods
School and School Cafeteria Inspection
Solid Wastes Management
Water Quality Control

A discussion of the above programs follows:

FOOD INSPECTION

The Environmental Health protection of the City's food supply demands a program of close surveillance and inspectional control. The goal of this program is the inspection of all food establishments at a frequency designated to maximize the degree of protection based on the amount of risk in the type of establishment. As one of the major industries in San Francisco, the food industry has a long and illustrious history in the service of fine cuisine. This program attempts to work cooperatively with the responsible members of this industry, while encouraging the less responsible to upgrade their facilities and service.

Statistical Summary of Food Inspections

Type of Establishment	Number of Inspections	Type of Establishment	Number of Inspections
Bakeries	1,546	Liquor Taverns	1,101
Breweries	17	Markets - General	3,215
Meat Markets	2,234	Other Food Factories	415
Candy Factories	181	Peddler Wagons	34
Candy Stores	1,600	Poultry	2,893
Canneries	26	Salvage Dealers	540
Delicatessens	1,807	Sausage Factories	13,957
Fish and Shellfish	854	Soft Drinks	371
Fruits and Vegetables	1,594	Warehouses	256
Grocery Stores	6,516	Restaurants	25,277

FOOD SAMPLING

Ground Meat	365
Other Products	158
Processed Meats	320
Rim Counts (Swab Tests) of Multi-Use Utensils	681

MEAT PROCESSING INSPECTION

The California State approved Municipal Meat Inspection section of this Bureau is one of the original meat inspection agencies in the State. The meat industry works cooperatively with this Bureau to provide safe and wholesome meat products. During the last fiscal year the following quantities have been passed by the meat inspection section:

Corned Meats	8,114,048
Smoked Meats	6,943,620
Sausage	20,208,459

FOOD SERVICE TRAINING COURSES

Frequently the food industry requests training for their service personnel. These requests come not only for service personnel, but for management as well. The Bureau encourages this interest on the part of the food industry by providing instruction in this area. The training courses include instruction in clean food handling techniques, food establishment structural features, safety, vector control, elementary bacteriological control and the legal and moral responsibilities of the trade.

Instruction is also provided to the Hotel and Restaurant Division of the City College of San Francisco. This instruction constitutes a college credit course for students enrolled in this curriculum.

INSTITUTIONAL INSPECTIONS

DETENTION FACILITIES

The State Health and Safety Code charges local health departments with inspection of food, housing, bedding and clothing within detention facilities. Jails and juvenile detention institutions under the jurisdiction of the City and County of San Francisco are inspected at least once annually to determine compliance with minimum standards as set forth by the California State Board of Corrections.

Inspections are made by a member of the Bureau in company with a nutrition consultant of the Bureau of Disease Control and Adult Health. The Environmental Health Inspector ascertains compliance with minimum standards set forth for housing, bedding, clothing and food storage, preparation and service. The nutrition consultant determines compliance with standards set forth for a minimum basic food ration for prisoners which supplies the fundamental elements of good nutrition.

Institution Inspection Data

Number of Institutions Inspected 7

MEAT INSPECTION FOR CITY INSTITUTIONS

All meat, meat food products and poultry purchased for City institutions are inspected by this Bureau prior to acceptance. Weekly orders, supplemented during the week, are prepared by the various institutions. Daily inspections are made at the various meat plants of the products scheduled for delivery that day.

All products must meet specifications set by the City. These pertain to weight, grade, trim, conformation and wholesomeness. It is necessary that specified delivery dates be met and it is the responsibility of this Bureau to see that this is accomplished. Samples of various meat food products are taken every week for laboratory analysis to determine adherence to specifications. During 1966-67, approximately 810,000 pounds of meat, meat food products and poultry were inspected, and approximately 80,000 pounds were rejected as not meeting the required specifications.

SCHOOL AND SCHOOL CAFETERIA INSPECTIONS

All public and private schools are inspected on a continuing basis. Inspection includes food storage, preparation and service in cafeterias, as well as maintenance of buildings and grounds.

During the past year, emphasis was placed on maintaining adequate food temperature controls and washing and sterilization of eating and drinking utensils.

A close liaison has been established with the cafeteria management personnel in the school department with the result that any required corrections are quickly accomplished.

School Inspections

Number of Schools Inspected	126
Number of Reports with Corrections Required	93

COMPLAINT INVESTIGATION

Complaint investigation is one of the principal services provided the public, City, State and Federal agencies. Any complaint relative to sanitation or any condition in the area of the Bureau's jurisdiction is accepted, investigated and acted upon when warranted.

Complaints range from insanitary conditions in residential properties and commercial establishments to lack of adequate ventilation in business offices.

Over the period of a year it is not unusual to have received and investigated complaints in the majority of the types of occupancies under the jurisdiction of the Bureau.

Complaints Received	9,120
Complaints Abated	7,048

HOUSING

Traditionally, one of the principal functions of the Bureau has been the continu-

ous surveillance of the City's sixteen thousand three hundred (16,300) hotel and apartment buildings. Annually, these buildings are inspected to insure that light, ventilation, maintenance, occupancy and sanitation standards are at acceptable levels.

During the course of the past year, corrective action was initiated in over three hundred (300) multi-family buildings to return them to standard condition.

On July 1, 1967, to implement the Arthur D. Little Company's recommendation that a single agency could more effectively administer the City's Urban Renewal code enforcement activities, the annual inspection of apartment and hotel buildings was transferred to the Department of Public Works. Inspection and clerical personnel of the Bureau were also transferred to carry on this program.

The Bureau will continue to investigate and act on all complaints of insanitation in residential buildings. Violations of the Housing Code which are discovered during the investigation of sanitation complaints will be referred to the Department of Public Works for remedial action.

CONDEMNATION HEARINGS

With the large volume of enforcement actions initiated every year against substandard residential properties, it is inevitable that certain property holders refuse or are unable to undertake the required rehabilitation of their properties. When all other administrative remedies have been exhausted, it becomes necessary to resort in a small number of cases to condemnation action. During the past year over three hundred (300) buildings, which contained approximately seven thousand two hundred (7,200) dwelling units, were ordered rehabilitated. The following data reveals the limited extent to which it was necessary to take this type of action:

Condemnation Hearing Data

Cases Before the Director	59
Buildings Condemned	22

SOLID WASTE MANAGEMENT

The Bureau is charged with the permitting and surveillance of the City's solid waste collection and disposal organizations. The Bureau's activities range from the investigation of complaints concerning all phases of collection of refuse from residential and commercial properties to the setting of rates for business establishments.

On December 1, 1966, pursuant to the applicable provisions of the City Charter, refuse removal rates for residential buildings were adjusted to reflect the current costs of the collection companies. As a result of this adjustment, many inquiries relative to the application of the new rates were directed to the Bureau by property holders. To satisfy the unusual demand for clarification of rates, two members of the Inspection staff were assigned for a period of ninety days to provide this necessary public service.

WATER QUALITY CONTROL

DRINKING WATER

The San Francisco Water Department is the major water purveyor for the City and

County of San Francisco. In addition to this large supplier, there are five small drinking water companies in the City. This Bureau samples all of the drinking water systems. A joint cooperative surveillance program has been worked out with the Water Department. This combined data is utilized when the Water Department requests certification for use in inter-state carriers.

In addition to the regular drinking water supplies, there are two bottled water suppliers under permit and surveillance of this Bureau:

Sampling Data	Bacteriological Tests	Chemical Tests
San Francisco Water Department	2,097	2,527
Small Water Suppliers	238	5
Bottled Water Suppliers	66	16

RECREATIONAL WATERS

INTER-DEPARTMENTAL COMMITTEE ON WATER POLLUTION CONTROL - ICOWP

This committee, ICOWP, was formed by ordinance of the Board of Supervisors in 1965 in an effort to provide a coordinated approach to the City's water pollution problems. The agencies that comprise ICOWP are: Park-Recreation, Planning, Public Health, Public Utilities and Public Works. In addition ICOWP was authorized to call upon other City agencies if and when their assistance is needed. This Bureau functions at the sub-committee level while the Directors of the respective agencies constitute the actual committee. During the last year this committee submitted a long range plan to the Board of Supervisors. This plan was adopted as the Official City Policy.

NATURAL BEACHES - WATER POLLUTION CONTROL

The various natural beaches, with the exception of Ocean Beach, have not met the California State Standards for Water Contact Sports for many years. The standard requires that samples taken at a given point not exceed 1,000 organisms for more than 20% of the samples taken. In previous years some of the sampling points exceeded the standards as much as 90% of the time. As a result of the Regional Water Quality Control Board's action in requiring chlorination of the final effluent of major discharges as well as other requirements, Aquatic Park is currently very close to meeting these standards. Certain additional work is being required of the major sewage dischargers which should result in the beaches meeting the standard during periods of dry weather.

During wet weather the various beaches adjacent to storm water overflows become grossly contaminated and must be posted to warn the public of the danger. These beaches are sampled until data reveals that the effects of the discharge have been eliminated at which time the signs are removed.

Sampling and Posting Data

Recreational Waters	1,920
Beach Posting	1,560

SWIMMING POOLS

California State Law requires that the construction and operation of swimming pools

must be carried on under the supervision of a local Health Department. All construction and modifications must be submitted in plan form to the Bureau by the contractor. Approval or rejection of the plans is based on the State Swimming Pool Act.

All public and semi-public pools are under permit from this Bureau. The pools are sampled routinely for bacteriological compliance and chemical control. In addition annual comprehensive inspections of plants are made and required corrections are undertaken when necessary.

	Bacteriological	Chemical
Swimming Pool Samples	596	1,192

WATER RECLAMATION

San Francisco has three water reclamation plants at the present time. The oldest in Golden Gate Park has received international attention as a pioneer effort in the field. The other plants are at the San Francisco Jail supplying Sharp Park Golf Course and the Log Cabin Boys' Camp. In view of the importance of control in a process of this type, close inter-departmental surveillance and cooperation is maintained.

Sampling Data

Golden Gate Park	101
Sharp Park Golf Course	260
Log Cabin Boys' Camp	96

LAUNDRY INSPECTION PROGRAM

Currently there are over six hundred (600) automatic and commercial laundries operating under permit from this Department. To insure the sanitary operation of these facilities, particularly the unattended self-service automatic laundries, a variety of inspection services are provided the laundry industry and the public they serve.

These services are:

Plans and specifications for initial installations are examined to determine compliance with applicable codes.

At regular intervals throughout the year, every laundry is thoroughly inspected to insure that adequate levels of sanitation are maintained and operating procedures meet required standards.

A complaint service which usually provides an inspection on the day of complaint, or not later than the following morning. This service was initiated in 1966 because of the frequency of the public's reported malfunction of washing machines in unattended automatic laundries and the resulting overflow and spillage of water.

INDUSTRIAL HYGIENE INVESTIGATIONS

Complaints relative to unhealthy occupational exposures as well as reports of

ectoparasites will continue to be collected and tested in the laboratory. Poison operations on the waterfront, sewer lines, dumps, and other areas will be carried out to maintain a low population of rodents. Ground squirrel control along the San Francisco and San Mateo County line will continue to receive special emphasis in the coming year.

Rodent Control

Rodents Trapped	10,338
Ectoparasites Collected	2,356
Rodents Poisoned Sewers (Estimated)	2,500
Premises Inspected	9,681
Premises Found with Rats	400
Total Number Trap Days	113,917

MOSQUITO CONTROL

The mosquito control activities are functioning effectively as evidenced by the total number of complaints received this fiscal year as compared to complaints received in preceding years. The cooperation of the agencies has assisted this Bureau greatly in this achievement.

Complaint Data

Year	Complaints
1958-1959	1,128
1959-1960	735
1960-1961	310
1961-1962	248
1962-1963	205
1963-1964	258
1964-1965	203
1965-1966	167
1966-1967	102

SALVAGE GOODS

San Francisco is unique in that it has a salvage control program administered by the local Department of Public Health. The public health laws governing the reconditioning and sale of salvage goods were enacted in 1936, following a tragic occurrence of food poisoning in which three persons died.

At the present time there are seven licensed salvage dealers operating under permits issued by this Bureau. These operators are licensed and trained to recondition damaged merchandise. Where the containers alone have been damaged and no contamination or spoilage of the product itself has occurred. the merchandise may be reconditioned by relabeling or repackaging and offered for sale under the supervision of this Department. Materials which have become damaged or spoiled are declared "unfit" for salvaging and are condemned and destroyed to insure their proper disposal. About a quarter of a million pounds of such "unfit" goods are condemned and destroyed each year. The San Francisco Health Department was the first official health agency to recognize the public health importance of regulating salvage operations. Since the enactment of this ordinance over thirty years ago, no adverse incident has occurred from the use of this type of merchandise.

Continuous liaison and a cooperative inspection program is carried on with the State Bureau of Food and Drug Inspection for the control of distressed pharmaceuticals.

PRIVATE AMBULANCES

Private ambulances operating in San Francisco are subject to the regulations and control of the Bureau.

Periodic inspection is undertaken of each vehicle to determine that prescribed equipment is in satisfactory operating condition, qualified personnel are operating the vehicle, and that adequate liability insurance is being carried.

Currently, there are twenty-one Private Ambulances operating in the City, which are being inspected quarterly.

ADMINISTRATIVE HEARINGS AND LEGAL ACTIONS

In the course of a year, over eight thousand (8,000) written notices of correction are issued from the Bureau. These range from the required rehabilitation of residential properties to the replacement of equipment in a food processing plant.

On occasion the persons responsible for undertaking the corrective action are unwilling or unable to respond within a reasonable period of time. When this situation occurs, it becomes necessary to resort to more formal legal action.

A useful administrative procedure has been developed within the Bureau which has been successfully utilized to maintain the number of formal legal proceedings to a reasonable level. Persons that have not satisfactorily complied with the Department's directives are requested to meet with the Bureau Chief, to consider solutions which will eliminate the conditions requiring correction and preclude further legal action.

The following data reveals the extent to which the Abatement Hearings are utilized and the small percentage of more formal legal procedures that are required after this type of administrative hearing:

Abatement Hearings

Food	183
Housing and Related Cases	163
Total	346

Formal Legal Actions

Permit Revocation	9
Arrests	9
Condemnation of Residential Buildings	22
Total	40

BUREAU OF DAIRY AND MILK INSPECTION

PURPOSE

The Bureau of Dairy and Milk Inspection provides adequate coverage of the fluid milk industry to insure a safe, high quality milk product for the City and County of San Francisco. The activities of inspection begin at the dairy farms in the rural areas, to the skimming and cooling stations, transporting the milk to the processing plants, pasteurizing and distribution of the milk to the ultimate consumer. Legal enforcement for these high standards is provided for in the California Agricultural Code and regulations of the Health Code of the City and County of San Francisco.

PRESENT PROGRAMS

To provide for proper surveillance of the fluid milk industry, the inspectors spent 38 percent of their time doing off hour inspections at the dairy farms and in the pasteurizing and packaging plants. This Bureau is dependent on the Public Health laboratories for bacterial, antibiotic, and chemical analysis of products submitted. The sediment determination and California mastitis tests are performed in the field. The responsibility of collecting fees from the Dairy Industry is a function of this Bureau, to help defray the cost of inspection work.

The Dairy industry is subject to many changes and is constantly developing new techniques and highly engineered equipment to speed up processing and packaging. Automation is foremost in operating the larger plants located in this city, to save time and labor which ultimately reduces unit cost.

Pasteurized homogenized, vitamin fortified milk, processed in San Francisco, is being distributed over Northern California and as far south as Kern County. New inspection techniques, and new technology is necessary to keep pace with this industry.

During the year 1966 - 1967; 111,278 gallons of milk was degraded from Grade A usage; 7,386 gallons of milk was condemned for human consumption as a result of improper production, processing or handling of this perishable product.

DAIRY FARM INSPECTION

Regulatory supervision of 596 dairy farms covers; construction of dairy buildings, proper installation of equipment in the dairy buildings, a safe and protected water supply for the dairy operation, proper waste disposal, control of the use of antibiotics and pesticides, excluding unhealthy cows from the milking herds, and sanitary production and handling of milk. This bureau utilizes the services of five state approved laboratories located in rural areas of the San Joaquin Valley and the North Bay Counties to supplement the work of our laboratory.

PROCESSING PLANT INSPECTION

The inspectors of this Bureau supervise the processing of fluid milk and milk products in fifteen processing plants. Samples of the raw and pasteurized products are taken at the plant and submitted to the laboratories for analysis to determine if the bacterial and chemical standards are being maintained. Supervision in these plants, cover construction of plants being built or remodeled, construction and type of milk handling equipment proposed for milk processing, proper installation of equipment in the plant, and proper terms used on labels of milk cartons and other milk containers.

Proper and complete pasteurization of the total milk supply being processed in San Francisco is this bureau's responsibility.

MILK PERMIT INSPECTION

Milk permits were issued to 1375 groceries and delicatessens located within the City and County of San Francisco. Due to pricing regulations of the California Milk Control Board, the milk in stores is held for longer periods of time before reaching the consumer, therefore, greater emphasis is being made by the industry to maintain a longer "shelf life" of the fresh milk.

Statistical data and tables are submitted to show the quality of milk and number and types of inspections made during the fiscal year.

TABLE NO. 3 (CONT'D)

	Percent Milk Fat	Solids Not Fat	Bacteriological Colonies per Milliliter
Grade A pasteurized milk taken from groceries, delicatessens, hotels and restaurants (Includes Dispensers).	3.65	8.71	2,500
Grade A pasteurized whipping cream	36.82	-	700
Grade A pasteurized all purpose and table cream	27.93	-	1,600
Half and Half pasteurized	12.26	-	300
Pasteurized skim milk (non fat)	-	-	400
Flavored Milk Drinks	2.84	-	700
Concentrated milk pasteurized	10.51	25.85	400
Pasteurized Low Fat Milk	2.05	10.19	300

DAILY DISPOSITION OF FLUID MILK PRODUCTS PROCESSED
IN SAN FRANCISCO DURING CALENDAR YEAR, 1966

TABLE NO. 4

	Past. In S.F. (Gal)	Past. In S.F. Sold Else-Where (Gal)	Bal-ance Sold In S.F. (Gal)	Past. Else-where and Sold In S.F. (Gal)	Total Daily S.F. Sales 1966 (Gal)	Total Daily S.F. Sales 1965 (Gal)	Inc. Dec. + - 1966 (Gal)	Inc. Dec. % + 1966 (Gal)	Con-Sump-tion Cap-ita (Pints)
Market Milk	125,205	82,776	42,429	11,145	53,574	60,749	-6175	-10.1	.579
Half & Half	4,308	1,920	2,388	443	2,831	3,081	-250	-8.1	.035
Cream	624	325	299	75	374	522	-148	-28.3	.0040
Non Fat	6,059	3,825	2,234	998	3,232	3,282	-50	-1.52	.0349
Buttermilk	2,532	2,129	403	831	1,234	1,297	-63	-4.8	.0133
Flavored Milk Drinks	2,768	1,552	1,216	309	1,525	1,517	+ 8	+ .52	.0164

Based on Population of 750,500 (1966)

TYPES AND NUMBER OF INSPECTIONS MADE — TABLE NO. 1

Listed below are the types and number of inspections made by the staff during the fiscal year 1966 - 67:

Dairy Farms	13,015
Skimming and Cooling Stations	1,058
Pasteurizing Plants	2,105
Groceries, Delicatessens and Public Eating Places	1,413
Cheese, Butter and Ice Cream Factories	48
Miscellaneous	42
Complaints	85
Total Inspections	17,766

NUMBER OF SAMPLES TAKEN FOR ANALYSIS — TABLE NO. 2

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Product)	12,345
Pasteurizing Plants (Raw Product)	6,702
Pasteurizing Plants (Pasteurized Product)	8,923
Groceries, Delicatessens, Public Eating Places (Pasteurized Product)	572
Sediment Determination	9,580
California Mastitis Test	8,076
Rinses and Swabs	1,316
Water Supplies	234
Total Samples	47,748

QUALITY OF MILK AND MILK PRODUCTS — TABLE NO. 3

Outlined below is the average tests of milk fat, solids not fat and bacteriological count of all milk and milk products analysed:

	Percent Milk Fat	Solids Not Fat	Bacteriological Colonies per Milliliter
Grade A raw milk received from Producers for Pasteurization	-	-	10,000
Bulk Tankers of Grade A raw milk received at Pasteurizing Plants	-	-	14,500
Grade A pasteurized milk taken at Pasteurizing Plants	3.74	8.81	400

PUBLIC HEALTH MICROBIOLOGY LABORATORY

PURPOSE AND OBJECTIVES

The basic objective of the microbiology laboratory is to provide adequate laboratory services for the successful conduct of the programs of the Public Health Department. The laboratory provides service to the community for the control of communicable disease and provides assistance to physicians in the solution of other problems relating to the general field of public health. The laboratory also serves as an aid to the private clinical and hospital laboratories in the community as a consultive and reference laboratory for certain laboratory examinations in which this laboratory is especially well-qualified and where the private clinical or hospital laboratories are limited.

The statistics included in this report does not measure the amount of work done in developing, improving, and standardizing methods, or in the training of laboratory personnel.

PRESENT PROGRAMS

COMMUNICABLE DISEASE CONTROL

A. Venereal Disease Control

The continuing problem of venereal disease in the population has resulted in intensified serologic testing for syphilis in the laboratory by increasing our efforts to expand confirmatory treponemal testing services. The Fluorescent Treponemal Antibody Absorbed Test is utilized by the laboratory to assist physicians in establishing the diagnosis of syphilis. The V.D.R.L. test for syphilis is employed for detecting new cases of syphilis and, once diagnosed, for following the patient's response to treatment.

TABLE I

NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco City Clinic and City Prison	25,956	57.0%
San Francisco General Hospital	10,013	22.0%
Civil Service Commission	3,420	7.5%
Private Physicians, Clinical and Hospital Laboratories	3,636	8.0%
Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc	2,503	5.5%
TOTAL	45,528	100.0%

The reported nationwide increase of venereal diseases is also reflected in the increase of laboratory examinations for gonococci. This increase is particularly alarming when associated with the fact that the gonococci are becoming more resistant to penicillin.

Laboratory examinations in the field of Venereal Disease Control alone comprised approximately 60% of all examinations performed by the laboratory during the past year and required approximately 30% of our total professional staff time.

B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in the laboratory in support of the Division of Tuberculosis Control. The number of cultures referred for identification from private laboratories remains at a high level as a result of the awareness that Mycobacteria other than *Mycobacterium tuberculosis* are agents of tuberculosis-like disease. More definitive tests have been incorporated into the identification procedures. These include the niacin test for *Mycobacterium tuberculosis*, tellurite reduction, iron uptake, arylsulfatase test, tween hydrolysis, urea hydrolysis, quantitative catalase tests and nitrate reduction test for the grouping of other Mycobacteria.

TABLE II

NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco Tuberculosis Survey (S.F. General Hospital's Chest Clinic, Private Physicians, Clinical and Hospital Laboratories)	4,661	50.1%
San Francisco General and Hassler Hospitals	4,649	49.9%
TOTAL	9,310	100.0%

C. Other Communicable Disease Services

Laboratory services were also provided in other areas of communicable disease concern. These services included testing in parasitology, rabies, enteric bacteriology and in food poisoning outbreaks. The fluorescent antibody test for whooping cough was adopted during the past year. The time required for these bacteria to be identified by the fluorescent antibody technique is considerably less than by standard cultural methods.

SANITATION

A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with the necessary testing services for various milk products. These services include testing for the bacterial and antibiotic content of milk.

B. Housing and Sanitation Services

The laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational water, cleanliness of restaurant eating utensils, and the detection of harmful bacteria in food products. The number of examinations in water bacteriology approximately tripled over the last four years reflecting the increased activity and concern of the Health Department in water pollution control.

TABLE III

LABORATORY EXAMINATION BY YEAR AND PROGRAM AREA

COMMUNICABLE DISEASE CONTROL	1962-63	1963-64	1964-65	1965-66	1966-67
Venereal Disease Control					
Syphilis	73,999	74,090	65,477	53,719	55,105
Gonorrhea	25,384	26,438	22,023	24,189	25,638
Tuberculosis Control					
Microscopic	7,413	7,672	8,000	8,905	8,714
Culture	8,696	8,823	8,931	9,694	9,310
Drug Susceptibility	447	481	451	463	462
Other					
Enteric	544	491	382	377	427
Parasitology	254	446	213	172	166
SANITATION					
Milk	28,674	28,801	25,870	26,825	24,372
Water	2,719	4,218	5,534	7,940	7,940
Food	779	583	540	564	281
Rim Counts	-	-	-	977	681
MISCELLANEOUS	3,153	2,072	1,898	1,031	824
TOTAL EXAMINATIONS	152,062	153,949	139,319	134,855	133,228

TABLE IV

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATIONS
BY PROGRAM AREA, 1965-1966

COMMUNICABLE DISEASE CONTROL		Number	Percent
Venereal Disease		80,743	60.6%
Tuberculosis		18,486	14.9%
Other (Parasitology, Enteric, etc.,)		593	0.4%
	Total	99,822	74.9%
SANITATION			
Dairy and Milk		24,372	18.3%
Sanitation and Housing		8,210	6.2%
Water	(7,248)		
Glass and Utensils	(681)		
Food	(564)		
	Total	32,582	24.5%
OTHER			
Hassler Health Home, Central Emergency, etc.,		824	0.6%
	TOTAL	133,228	100.0%

TABLE V

PERCENTAGE OF MICROBIOLOGIST
TIME REQUIRED BY PROGRAM AREA

COMMUNICABLE DISEASE CONTROL		Percent
Venereal Disease Control		30%
Tuberculosis		40%
Other (Enteric Bacteriology, Parasitology, etc.,)		5%
		75%
SANITATION		
Dairy and Milk		15%
Sanitation and Housing		10%
	TOTAL	100%

PROBLEMS

The continuing and main problem of the microbiology laboratory is one of staffing. A 30% loss of our professional microbiologist staff was experienced during this past year when our salaries fell considerably below those paid in private industry and in other public jurisdictions. Because of this loss, selected laboratory services were discontinued in dairy and milk inspection, sanitation and housing inspection and in venereal disease control. Because of the loss of experienced microbiologists, the inability to recruit at prevailing salary levels and the subsequent need to train new personnel once hired, this situation "cost" the laboratory nine months of progress in developing advanced procedures in the diagnosis of disease in addition to the four month loss of basic diagnostic services.

It is hoped that the City will offer salaries this coming year which are competitive with private industry and with other health jurisdictions in order to attract and to hold microbiologists.

SERVICES TO BE DEVELOPED

Testing the susceptibility of tuberculosis bacteria to the "second-line" anti-tuberculosis drugs (ethionamide, kanamycin and viomycin) will be added as a laboratory service this coming year in order to assist physicians in the treatment of their patients.

Confirmation of the cultural identification of gonorrhea by a fluorescent antibody technique will be initiated this year which will hasten clinical diagnosis and save microbiologist time.

The fluorescent staining test for the treponemes of syphilis from human lesion material will be evaluated to determine if this procedure is of use to our venereal disease control program.

CHEMISTRY LABORATORY

The function of the Chemistry Laboratory is to perform chemical tests and analysis for the Inspection Division of the Department of Public Health, the Police Department, the California Highway Patrol, the Emergency Hospital Service, San Francisco General Hospital, San Francisco Water Department, School Department, Society for the Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemistry Laboratory also establishes proof in obtaining the conviction of suspected violators of the Public Health Regulations, and aids the official law enforcement agency in solving toxicological problems.

The Chemistry Laboratory received a total of 6,210 samples and performed a total of 29,736 tests on these samples during the fiscal year 1966-67:

Group	No. of Samples	Tests Performed
Ground Meats	365	1,254
Processed Meats	320	2,264
Stomach Contents	325	4,596
Toxicological Specimens	773	4,252
Waters	513	2,463
Sobriety Tests	582	2,881
Drugs	74	309
Miscellaneous foods: e.g. canned, salvage foods, food poisoning, etc.	56	638
Miscellaneous other products: e.g. paints, chemicals, solutions, etc.	32	150
Air samples	765	1,266
Milk and milk products	1,473	9,613

Ground meats (hamburger, pork sausage, etc.) sold retail and wholesale in San Francisco showed marked improvement in their quality. Only 2 samples were found to contain sulfites, a preservative, and 10 ground meat samples exceeded the legal limit of fat out of 365 submitted.

Processed meats, e.g. frankfurters, bologna, corned beef, smoked tongue, hams, chinese sausages, etc. are analyzed for added water; nonfat dry milk, calcium reduced and regular; cereal or added wheat flour; soy flour and/or soy protein concentrated; fat; protein; moisture; nitrates and nitrites; sodium chloride; added color; and any other analysis required by the inspector. Too much added water is the major problem with the meat processors. Only one pickling brine had over the maximum nitrite content permitted. This was quickly corrected.

Stomach contents (gastric washings) are submitted by the Emergency Hospitals from cases involving the ingestion of poisons taken accidentally or with suicidal intent. There were a total of 598 toxic substances found in 446 stomach contents the past fiscal year. Aspirin was first with 177, barbiturates next with 60, and ethyl alcohol third with 32. The major number of aspirin ingestions were children under 3 years of age. Miscellaneous drugs and poisonous household substances made up the balance of toxic ingestions. The problem that becomes more complex each year is the identification of the many drugs found in body fluids where there are no known tests. In many cases the chemist must work out his own method of identification on the known drug first, then try to isolate and identify it in the gastric washings or biological fluid.

The number of toxicological specimens from the San Francisco General Hospital continues to increase: over 150 more than last year. The tests performed have increased in proportion. Except for a few children, most of the toxicological specimens were from adults with suicidal intention, the patient arriving at the hospital in a coma.

Toxicology, the science which treats with poisons, their antidotes etc., has become a large factor in the program of the Chemistry Laboratory due to the ever increasing demands by the doctors at San Francisco General Hospital. As the laboratory increases its scope for the identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in their diagnosis. The addition of gas chromatography and thin layer chromatography this past year along with our other instruments, has enabled this laboratory to give this service. This toxicological service to the San Francisco General Hospital should be taken into consideration when relocating the Chemistry Laboratory in the near future.

The California Highway Patrol and San Francisco Police Department have increased the number of sobriety tests submitted to the laboratory over 15% since the new consent law on driving while under the influence of alcohol went into effect October 1, 1966. Now either blood or urine may be submitted for the quantitative determination of alcohol in accident cases involving drunk driving. Ethyl alcohol in the blood or urine sample is verified by gas chromatography.

FUTURE PLANS

Expand the use of gas chromatography to include the detection and quantitation of pesticides in foods.

Continue research on new methods, utilizing the spectrophotometer, gas chromatography, thin layer chromatography, and crystallography to increase the number of new drugs that may be identified and quantitated in toxicological specimens.

Work with the Bureau of Disease Control in resolving industrial hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic and other environmental sanitation measurements when the program is inaugurated.

BUREAU OF MATERNAL AND CHILD HEALTH

The following services are the responsibilities of the Bureau of Maternal and Child Health: Maternal Health Services, Child Health Conferences, Immunization Centers, Crippled Children Services, Diagnostic Centers for Visual, Hearing and Cardiac problems, School Health Services, and the Dental Health Program. The Bureau of Maternal and Child Health works closely with the Bureau of Public Health Nursing and the Bureau of Disease Control. The administrative personnel of the Bureau maintains close liaison with public and private agencies in the health field. This results in better over-all planning of programs for mothers and children and keeps the community informed about the activities of the Health Department.

MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS

A total of 1382 deliveries took place at San Francisco General Hospital during the calendar year of 1966. Most likely because of the implementation of Medi-Cal on March 1, 1966, this figure shows a drop of 565 (29%) deliveries from the number in 1965 of 1947 deliveries. Thirteen hundred and fifty-two (1352) were live births, of which 194 (13.5%) were premature (under 2500 grams). This rate is slightly higher than in 1965 (12.4%) and higher than the average for the city as a whole. Four hundred and forty-three (32.8%) of all mothers delivered at San Francisco General Hospital were 19 years of age or less. Nine of these were younger than 15 years. Over fifteen percent (15.6%) of all mothers did not seek prenatal care at all and an additional 20% made only between one and three visits to prenatal clinic. This adds up to 35.6% of all women who had no or inadequate prenatal care. Two mothers died; one due to severe burns sustained during her first trimester and the other due to acute yellow atrophy of the liver during her third trimester.

One public health nurse serves the Maternity and Pediatric Clinics at San Francisco General Hospital and carries out the necessary liaison for follow-up in the Districts. The Maternal and Child Health Nutritionist is actively participating in the "High Risk Clinic" at San Francisco General Hospital.

Classes for expectant parents are continuing at North East and Sunset Health Centers. A course for expectant and young mothers at Mission Neighborhood Center took place part of this past year, but then was discontinued because of inadequate staffing by the neighborhood center. Four classes weekly for teen-age mothers are held at the Young Women's Christian Association in a school-sponsored project.

CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The purpose of the Child Health Conference is to provide quality well-child supervision to infants and pre-schoolers. Besides physical examinations and appropriate immunizations, this includes certain screening procedures as well as anticipatory guidance and parental counseling. This is accomplished through the teamwork of the physician, the clinic public health nurse and the district public health nurse.

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[illegible]

[illegible]

[illegible]

The Health Department conducts 35 Child Health Conferences per week in 19 different locations throughout the city. In fiscal year 1966-67, there were 11,580 individual children served. They made a total of 28,042 visits. The average number of children seen per session was 14.5. Such a number per session allows us to give service in depth.

The Immunization Centers held at regular intervals in all Health Centers, are open to school children to insure an adequate level of immunity against certain communicable diseases. These services are offered to those children who otherwise would be unable to obtain them through private sources because of marginal parental income. Skin testing for tuberculosis is also offered in the Immunization Centers.

CRIPPLED CHILDREN SERVICES

The San Francisco Health Department administers the Crippled Children Services Program which was implemented nationally in 1935 as part of the Social Security Act, to provide medical care and rehabilitation for the physically handicapped child from birth to the age of twenty-one. Such physical defects may be the result of congenital anomalies, disease, accident, or faulty development, and include most conditions which can be corrected by medical and surgical treatment. There is special emphasis on assistance to multiply handicapped children in need of long-term care.

Diagnostic services for a suspected medically eligible condition are available to any child regardless of family income. Treatment of the condition is begun after a Crippled Children Services Medical Worker has determined that the family is unable to finance in whole or in part, the necessary care. Family income, family size and other obligations, with the projected cost of care are the factors considered. When possible, the family participates in the expenditure by contributing up to their ability to pay. Diagnostic and treatment services are rendered by private medical practitioners who are specialists in the field. These services are given in private offices and in private hospitals when hospital care is needed.

During the past fiscal year children certified under the California Medical Assistance Program (Medi-Cal) who had a Crippled Children Services eligible condition were referred to the CCS program for case management.

In San Francisco during the past fiscal year the number of active cases at any given time was around 2360.

The clerical staff prepares authorizations for medical care, hospitalization, and other necessary services. They process bills, including those for Medi-Cal, with necessary consultation from the Administrator and Medical Consultant. They have full responsibility for this service and need to adjust to changing fee schedules. Close liaison with the five district health centers is maintained so that there is reciprocal exchange of information with the public health nurses following these children. CCS personnel routinely attend meetings pertinent to staffing of individual children at medical, educational, or social facilities and maintain a close communication with other agencies.

Such meetings are (1) Cleft Palate panels, (2) Center for Oro-facial Anomalies and (3) the Neurological Diagnostic Center - both at the University of California Medical Center - and (4) the Child Development Center at Children's Hospital. This implements medical and social planning for individual children without duplication. The staff responds freely to requests from the community for information and attempts to provide widespread understanding of the program within the community and in other agencies.

The Medical Social Workers carry the major responsibility for medical social planning for these children, maintain contact with other community agencies, and act as our resource to community facilities.

Children in schools for the handicapped and in classes for handicapped children, many of whom are served by the Crippled Children Services program, receive more effectively coordinated services as the result of the Crippled Children Services professional staff's participation on the Admission Committees.

EAR, EYE AND CARDIAC DIAGNOSTIC CENTERS

These screening centers provide more definite diagnostic services for children with a suspected handicap in any one of these three named areas. Children are referred through private physicians, Health Department physicians, public health nurses, vision screening technicians and audiometrists or parents. Depending on the outcome of the examination, and any need for observation or further medical care, parents are assisted in either obtaining private care, or if eligible, are referred to Crippled Children Services.

EAR CENTER

Kindergarten children, fourth and sixth graders, are routinely tested for hearing acuity. In addition, those with signs and symptoms of diminished hearing and those new to San Francisco at any grade level are also tested. During 1966-67, 35,262 individual children were tested (receiving a total of 43,143 tests). Eleven hundred and ninety-five (1195) failed in the School Program (3.5%). Some of those chose to obtain further evaluation and care through private sources, while 805 examinations were done in the Ear Center by the otologist. Of those, 143 had normal hearing, 257 had conductive hearing loss, 63 a perceptive loss, 244 exhibited a high pitch loss and 98 had the diagnosis deferred.

Since July 1966, we have been using a soundproof examining room and a clinical audiometer for all re-tests. This more accurate type of equipment has greatly improved our testing results.

EYE CENTER

Three vision screening technicians, employed by the Unified School District, screened children at the first, third, seventh and tenth grade levels, as well as those with signs and symptoms of eye problems and those new to San Francisco at any grade level. In 1966-67, the vision screening technicians tested a total of 27,694 individual children (31,136 tests) and the Public Health Nurses tested a total of 15,382 individual children in smaller public and all private schools (18,199 tests). In summary, 43,076 children received 50,135 tests.

[illegible]

CARDIAC CENTER

Two hundred and eleven (211) cardiac examinations were done in fiscal year 1966/67. The objective of this service is to identify the child who may have organic heart disease, as well as to "delabel" the child with an innocent functional murmur. By continuing the Cardiac Registry for Rheumatic Fever, we can offer the services of the Cardiac Diagnostic Center to the public (both professional and non-professional) to assist physicians in arriving at a correct diagnosis without any expense to the family with marginal income.

SCHOOL HEALTH SERVICES

The aim of the School Health Services is to assure that each child attending school attains maximum benefit from the educational process. Any handicap, whether physical or emotional, will prevent this. These services are available to all school children in San Francisco. In school year 1966/67, the physicians of the Department of Public Health examined a total of 13,850 children. These same physicians are also active in the individual schools, giving group talks, consulting with school personnel and discussing individual children in conferences. As in the past, we are urging parents to have their children regularly checked by the family physician. Screening programs to detect vision and hearing defects as described before, constitute an integral part of the School Health Program.

Tuberculin skin testing is an important aspect of the School Health Program. During school year 1965/66, 38,660 students were tested (these figures because of the follow-up time needed, are 1 year behind the other statistics). Seven hundred and fifty-one (751) reacted positively (1.9%). Twenty-four (24) cases of active tuberculosis were found; twelve in children and twelve in family contacts.

The Central Health Committee, composed of representatives of the Department of Public Health, the Unified School District, the Archdiocese and the San Francisco Medical Society, is an active group determining and interpreting procedures and policies concerning the operation of the School Health Program. Other community groups are invited to bring problems of school children and/or suggestions for a better School Health Program to the attention of the Central Health Committee at any time.

During the summer of 1966, the administrative personnel of the Bureau of Maternal and Child Health and the staff in most of the Health Centers were actively working with Project Headstart. The Pre-kindergarten Program (ESEA 1965) continued during the year and the Bureau of Maternal and Child Health maintains close liaison with the physican and nurses employed by the Unified School District in this program.

[illegible]undred and eleven [illegible] cardiac examinations were done in fiscal year [illegible]67. The objective of this service is to identify the child who may [illegible] organic heart [illegible], as well as to "declassify" the child with [illegible] By continuing [illegible] Registry for [illegible] the [illegible] Center [illegible] public (both [illegible] and non-profit) to assist physicians [illegible] without [illegible] expense to the family which [illegible]

[illegible]

[illegible] chi[illegible] [illegible] process. [illegible] These [illegible] San Francisco. In [illegible], the [illegible] Department of Public Health [illegible] are also [illegible], consulting with [illegible] conferences. [illegible] patients [illegible] regularly [illegible] vision [illegible] an integral part [illegible]

[illegible] Program. [illegible] figures [illegible] statistics [illegible] Twenty-four (24) [illegible] to [illegible]

[illegible] interpreting [illegible] attend [illegible]

[illegible] by the [illegible]

SPECIAL FEDERAL CATEGORICAL ALLOTMENT

These additional funds, allotted by the Federal Government through the State Department of Public Health, enabled us to continue and initiate the following programs:

(a) The Public Health Nutritionist: This nutritionist functions primarily in the area of staff education. This includes the public health nurses and physicians of the Department of Public Health, as well as professional members of the Unified School District and of other agencies, both public and private. A variety of useful and timely teaching aids are available to her. The nutritionist is also involved in some direct patient service, such as the High Risk prenatal clinic at San Francisco General Hospital.

(b) Family Planning and Cancer Detection: In November, 1966, the first Family Planning Clinic was opened in Health Center District No. 4 (North East) and in March, 1967, two additional clinics opened, one in Health Center District No. 1 and the other in Health Center District No. 3. We are now operating six sessions per week in three locations. Cancer detection limits itself to the cervix (Pap-smears), examination of breast and thyroid gland. All methods of contraception are discussed with patients; patients who choose the rhythm method, are instructed accordingly, pills and vaginal foams are disbursed to the patients who have chosen that method, while patients who choose intrauterine devices are referred to Planned Parenthood.

(c) Safety Strips for Accident Prevention: Several years ago a set of instructions concerning hazards to the infant and preschooler was designed and found to be very useful. This set of "Safety Strips" was recently reprinted in English and Spanish.

MATERNITY AND INFANT CARE PROJECT

This program which began July 1, 1965, has now been in operation for two years, and receives 75% of its funds from the Children's Bureau. The other 25% of its budget is matched by the services given by the Department of Public Health and some additional funds are contributed by United Cerebral Palsy Association of San Francisco. This project is designed to give high quality prenatal and delivery care to women of low income and who are considered "high risk" as far as the outcome of the pregnancy is concerned. In addition to the prenatal care, these women can get any other needed medical care, including dental care. Ancillary services such as social casework, nutrition education, and public health nursing are important aspects of this program. In summary then, intensive services of all kinds offered and given to these women of medical high risk and low socio-economic status, may reduce mental retardation and birth defects in their offspring. Prenatal care and delivery services are given at St. Mary's Hospital, a voluntary hospital.

During fiscal year 1966/67, a total of 110 women were admitted to the project and 87 babies were born. This project continues and now covers census tracts J 11, 12, 13, 14, 16 and 17.

SUMMARY AND RECOMMENDATIONS

The traditional programs of the Bureau of Maternal and Child Health are continuing; although the programs may be termed "Traditional", innovations and variations are actually changing programs to a lesser or greater degree constantly. Thanks to the special funds and project monies, our services are broadened and enhanced. The nutritionist in Maternal and Child Health is an invaluable addition and enhances all programs.

However, unmet needs still exist: (a) Crippled Children Services needs additional social work time; (b) An additional Audiometrist is needed to broaden the testing program in schools to include hearing conservation education in secondary schools; (c) Administrative personnel is needed to do ongoing evaluations of all programs. All of these requests have and will be made through regular budgetary channels. The implementation in the very near future of PL 89-749 will bring about some major changes in program planning, in order to give better and comprehensive care to the citizens of San Francisco.

DIVISION OF DENTAL HEALTH

The Division of Dental Health is part of the Bureau of Maternal and Child Health.

The following programs are existent:

(1) Care Programs: Children, who are residents of the City and County of San Francisco, are eligible to have topical fluoride applications, fillings, extractions, and other dental work done. Those children past the age limit can have emergency treatment up to high school age.

(2) Educational Program: Dental Hygienists carry on instructional activities, demonstration projects, and do dental inspections in the schools to promote good oral hygiene. Some of these projects are supported by the San Francisco Dental Society. In the afternoons the dental hygienists perform oral prophylaxis and topical applications of sodium fluoro-phosphate.

During the fiscal year 1966/67, the following services were performed:

Patient visits	18,739	Schools visited	57
Silver and porcelain fillings	18,930	Parent-Nurse-Teacher Conferences	701
Extractions	2,837	Snyder test performed	56
Other treatments	4,205	Topical fluoride treatments	1,260
X-Rays	7,905	Prophylaxis	2,097

ON-THE-JOB-TRAINING - SAN FRANCISCO CITY COLLEGE

Public Health Department Dental Clinics serve as on-the-job-training sites for dental assistants attending City College. This program has been very satisfactory in that our dentists have had chairside assistance which increases their productivity. In some phases of dentistry where it is mandatory to have help, as with extractions and patient management problems, it would have been impossible to work without these students.

OPERATION HEADSTART: There was a continuation of this program during the summer of 1966. Our dental hygienists did not survey the children, but assisted in the offices of the private practitioners who cared for these children. Our dental hygienists were concerned with seeing that these children had adequate follow-up.

ORTHODONTIC SCREENING CLINICS: There were two orthodontic screening clinics during the fiscal year in the Central Dental Clinic. These clinics determine eligibility of children with malocclusion to be treated under the auspices of the Crippled Children Services Program. The screening panel is composed of four orthodontists who by law must be specialty board members of the Pacific Coast Society of Orthodontists.

CARIES ACTIVITY TEST: This is a bio-chemical test that measures the amount of acid production that occurs in a caries susceptible individual. This test requires the active participation of the student and is most impressive as an educational tool. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years due to their financial support in the form of necessary equipment, supplies, and additional visual aids. The staff of the Dental Division has had numerous requests for demonstrations and for literature describing how this caries activity test is performed. It has been shown to dental auxiliaries, health education classes, and health departments in other jurisdictions.

DISTRICT HEALTH CENTERS: We are presently operating in District Health Center #1 and are planning to move into District Health Center #2 in the early fall. District Health Center #3 (Bayview Area) will have four dental operatories. We expect to open this new clinic in December.

CO-ORDINATION WITH OTHER AGENCIES

There is an increasing number of agencies currently providing care throughout the city. Federal funds are being made available in the form of grants, projects, demonstrations, etc. which sometimes leaves much to be desired in the way of co-ordination. It is hoped that Public Law 89-749 will possibly serve to prevent this duplication and make for better continuity and co-ordination of dental care.

SELECTED STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	Fiscal Year 1965/1966	Fiscal Year 1966/1967
Total population in San Francisco	750,500	740,200
Number of Schools - Public and Private	206	206
School Population	120,532	122,035
School Examinations - by DPH Physicians	17,927	13,850
Number of Child Health Conferences	1,855	1,952
Child Health Conference Attendance (Average 14.4)	31,452	28,042
Number of Immunization Centers	317	351
Immunization Center Attendance	19,177	16,519
Smallpox Immunizations	5,416	3,583
Measles Immunizations	3,007	2,772
Diphtheria-Pertussis-Tetanus Immunizations*	20,654	18,150
Polio Immunizations	17,030	17,708
Tuberculin Skin Tests (exclusive of School Testing Program)	19,182	18,147
Total Immunizations and Tests given in CHCs and Immunization Centers	65,289	60,360
Ear Center Attendance	927	805
Eye Center Attendance	2,563	2,361
Cardiac Diagnostic Center Attendance	259	211
Family Planning Clinic Sessions	---	120
Family Planning Clinic Attendance	---	930

*Includes injections of D-P-T and D-T.

The Bureau has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the Bureau has within it two independently functioning Divisions with full time public health physicians in charge; their respective reports follow this section. The Bureau, exclusive of these Divisions, has the operational responsibility for the control of all other communicable diseases with related epidemiologic problems, as well as promoting adult health--i.e., occupational health, accident prevention, chronic disease control, rehabilitation, and medical program of the City Prison. For ease in presentation, these may be considered to be:

1. Division of General Communicable Disease and Epidemiology
2. Division of Occupational Health and Accident Prevention
3. Division of Chronic Disease and Rehabilitation

It should be stressed that the above divisional activities are carried out by the same staff. Considering the Bureau's diverse activities, attempts have been made to recruit full time public health trained physicians to replace four of the five existing half-time physician assignments. The multiplicity and expansion of the Bureau's activities and possible changes in staffing warrant alterations in existing office space.

ACTIVITY REPORT: Fiscal 1966-67

	Units
Morbidity Reporting, Tabulation, Office Follow-up	10,085
Epidemiologic Activities	1,912
Animal Bites	8,118
Massage and Tattoo Parlor Processing	366
International Travel	16,877
City Prison Examinations	24,435
Special Service Programs	1,425
Occupational Health Investigations and Accident Prevention	1,682
Chronic Disease and Rehabilitation	15,012
TOTAL:	79,912

GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

Four of the half-time epidemiologist-physician consultants are the medical staff for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made, and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Dept. each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians--as well as concerned parents, diseased persons, etc. These physicians and the remaining staff keep under observation carriers or contacts of typhoid fever, other enteric diseases, and leprosy, securing appropriate specimens for diagnostic tests when necessary. There are specialized spidemiologic investigations undertaken with a variety of other diseases--i.e., infectious hepatitis, as well as non-communicable diseases such as tetanus, lead poisoning, etc. When and if full time physician-specialist staff is recruited, some of these activities may be shifted to the District Health Center staff.

The Bureau collects, tabulates, and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1966, 14,006 such reports were handled. The information contained is

essential for epidemiologic control--i.e., investigating source and spread of selected infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a relatively new regulation of the California State Board of Public Health, which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis, and gonorrhea. It is the responsibility of the Health Department to follow up these leads to possible infection and institute control measures when applicable.

During the reporting period, 2,671 animal bites were handled. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten, or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. The actual investigations of the biting animals and arranging for their quarantine is the responsibility of the Police Department. A reasonably satisfactory administrative procedure has been set up in recent years which facilitates this interdepartmental activity.

We are required by USPHS and WHO regulations to certify immunization certificates of vaccination for foreign travel. A fee of $1.00 is charged for this certification, and in 1966-67, $16,619 was secured from this for the General Fund, which reflects a gradual increase over previous years. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers, pointing out general health safeguards for overseas travel.

An ordinance enacted earlier this fiscal year transferred to the Police Department the responsibility of issuing permits to massage establishments and public bath houses previously handled by this Department. The Department retains its responsibility of supervising the sanitary operation of these facilities. The administration of this activity remains within the Bureau, although the field inspections and preparing of reports is undertaken by the Bureau of Environmental Health.

Our careful supervision of tattoo parlors in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program.

The Bureau staff is available for various programs for the control of communicable diseases. It actively participated in the influenza and tetanus immunization program created for City Employees. Through education and personal involvement, it tries to increase the level of immunization of special rish populations against influenza, tetanus, and smallpox. Developments may require it to fulfill its inescapable responsibility for the control of communicable disease as set forth in the State Health and Safety Code, by initiating budget requests for equipment, vaccines, and staff to undertake specific programs.

A committee of the S.F. Health Council has reviewed with the Department and Bureau Staff the S.F. Health Code, intending to up-date its provisions. We look forward to final action on their recommendations.

One of the half-time physician-specialists operates a "sick call" at the City Prison six mornings a week. During this report period, 15,777 inmates received some treatment in addition to an additional 2,886 persons arrested on a morals charge who were examined, diagnosed, and treated for venereal diseases in conjunction with the Division of Venereal Disease Control staff. In addition to this prison program, the

[illegible]

Bureau staff surveys detention facilities to evaluate health and medical services as charged to local health departments by Section 459 of the State Health and Safety Code.

5 Year Experience of Selected Bureau Services

	1961 1962	1962 1963	1963 1964	1964 1965	1965 1966	1966 1967
Travel Certificates	11,203	11,652	13,038	13,703	14,602	16,619
Morbidity Reports	9,610	9,979	10,949	10,675	11,489	14,006
Animal Bite Investigations	1,873	1,993	2,151	2,254	2,452	2,671
City Prison Examinations - VD	565	555	869	1,376	2,077	2,886
" " " - General Medical	6,769	3,648	6,626	9,235	12,750	15,777

OCCUPATIONAL HEALTH AND ACCIDENT PREVENTION

The newly enacted Section 1276j of Title 17 of the California Administrative Code lists among the basic services that each local health department "shall offer... Services in occupational health to promote the health of employed persons and a healthful work environment, including educational, consultative, and other activities appropriate to local needs. Where the population of a health jurisdiction exceeds 500 thousand, the program in occupational health shall include a planned and organized service with trained staff." This in effect acknowledges that local departments of public health have a responsibility to provide preventive medical services to 40% of the population currently receiving little or none--the working population.

A San Francisco survey made a few years ago (1959), and still valid, conclusively demonstrated the absence of preventive medical services available to San Francisco's workers at their place of employment. One striking example reveals that 70% of the firms use one or more chemicals which commonly cause occupational disease with only 50% having any sort of self-monitoring program. Until this Health Department is able to fulfill its statutory requirement in offering specific and necessarily specialized services in work settings with potential health hazards, the Bureau staff will continue to act for the Department in working with local groups, including the San Francisco Civil Service Commission, employee organizations, and employers in a consultative capacity. We provide occupational health educational materials and promote utilization of outside resources. The level of service offered by the San Francisco Department of Public Health is not comparable to such neighboring counties as San Mateo, Alameda, and Santa Clara, which have trained full time personnel working exclusively in this field.

The Bureau's staff investigate specific occupational disease reports referred to it by the State Department of Public Health. The Bureau of Environmental Health on occasion undertakes field investigations conducted by a few staff members who have benefited by a limited in-service training course conducted by the State Department of Public Health in Berkeley. We are exploring with that Bureau the possibility of developing a limited program which would at least assure that places of employment maintain an adequate sanitary environment for its employees and the general public. It is probable that all our efforts still do not place us in compliance with the State regulations in that the services are not "planned and organized...with trained staff". As such, we may be jeopardizing our eligibility for State funds in support of local public health activities.

The Bureau will make a budget request for a new position of Industrial Hygiene Engineer; a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department--from a laboratory point of view--is currently capable of performing many measurements required in environmental sanitation. Unfortunately, without technical direction in sample collection, we are unable to take advantage of these resources.

The Department is vitally concerned with the conditions which cause more physical impairments among the general population than any disease, and which is the first cause of death from age one through age thirty-five. This, of course, is accidents. We have participated with various government and voluntary agencies in helping to develop both limited and community-wide programs to reduce accidents.

CHRONIC DISEASES AND REHABILITATION

Our aging population, with their greater degree of chronic illness and the implications of Medicare, requires Health Department programs to serve these needs. Of particular concern is the availability of out-of-hospital care for the chronically ill. In San Francisco, these services are more often related to diagnosis, age, and a whole gamut of other eligibility requirements instead of the patients' needs. While this group may now be receiving adequate care, particularly those whose home care costs will be supported in whole or part by Medicare, there is a tendency to concentrate upon those whose needs outside of the immediate medical problem are limited and whose rehabilitation to an independent and productive life is possible in the foreseeable future. This situation is reinforced by the disease rather than the health orientation of medical workers, institutions, and agencies.

There has been no Health Department structure to routinely provide service in depth when needed, nor to plan a program capable of developing preventive services for the chronically ill and aging at a level comparable to that offered in the various Maternal and Child Health Programs. We are attempting to bring into more equitable balance our activities to the entire community by strengthening services to be offered from the District Health Centers for persons with chronic illness. Using federal funds through the chronic Illness and Aging program, a liaison Public Health Nurse is working with the staff at San Francisco General Hospital to help develop such a structure.

In addition to its consultative role within the Department, the Bureau works with voluntary community agencies in developing various projects and facilitates the channeling of federal and state support for them. We are actively participating with the S.F. Homemaker Service in developing and providing in-home services. The possible combinations such services can provide, utilizing the district public health staff plus homemaker-aides and public health social workers, offers many opportunitities of slowing and even reversing the progress of disease and disability. In addition to this obvious benefit, the patient can be kept out of hospital or nursing home bed. This program, along with the Home Care Program of the San Francisco General Hospital, which is carried on in cooperation with the Visiting Nurses Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet our responsibilities in this field. Ultimately, we expect that many patients "at home" from both public and private hospitals will benefit from this program now developing.

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[illegible] and which is the [illegible]

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Chronic Illness and Aging funds are also being used to employ a full time Public Health Nutritionist who is working with a great number of community groups in improving diet practices as an adjunct to promoting health. We have been advised this is the last year we will be receiving these federal categorical program funds. Next fiscal year it will be necessary for the City to budgetarily support nutritional services. Failure to comply with Section 1276g of Title 17 of the State Administrative Code, which requires local health departments to provide "Services in nutrition, including appropriate activities in education and consultation for the promotion of positive health, the prevention of ill health, and the dietary control of disease." may jeopardize its eligibility to receive state funds which support all local health department activities.

The Bureau is working with other units of the Department and interested local government and voluntary agencies in developing relatively small chronic disease screening or detection programs--i.e., glaucoma, cervical cancer, and diabetes, as well as general health screening services.

Starting in October 1966, the Bureau has participated in a federally funded program aimed at providing rehabilitative services to young men rejected for the Armed Forces on the basis of information obtained at the time of their pre-induction examinations. Including a large backlog of referrals accumulated before we were able to initiate the program locally, we attempted to contact all 1,471 to determine their needs. We were successful in communicating with 1,343 of them by letter, telephone calls, or a home visit. 486 of this latter number were closed out after initial evaluation; some were able to secure necessary services with their own resources; others refused services; but for the majority, there were no free or reduced cost services in the community to meet their specific needs--e.g., dental care. For the remaining 857 we were able to arrange specific services, many of which met a critical need of the client. Although impossible to measure, we can conclude that the large majority would not have taken advantage and benefited from these services without our intervention.

DIVISION OF TUBERCULOSIS CONTROL

The Division of Tuberculosis Control is primarily a clinical service unit, providing treatment for tuberculosis patients and preventative services for the remainder of the community. Tuberculosis is becoming a major problem of the large cities where most of the newly reported cases are being found. Fourteen of the eighty-two counties with the majority of the tuberculosis in the nation are located in California. San Francisco is second only to Los Angeles in the western United States for the number of newly reported cases. However, the case rate for San Francisco is slightly lower than the national average for large cities: 56.6 for San Francisco in comparison with 59.0 for cities with a population of 500,000 or more.

The problem for large cities will become greater during the next ten years due to the large in-migration of infected individuals from other parts of the nation, particularly those from the lower economic levels who cluster in overcrowded, substandard, downtown core areas. Furthermore, the number of immigrants from nations with a high tuberculosis prevalence is increasing. The immigrants also cluster in substandard core areas, where rents are less expensive and overcrowding is common. Within these cores disease rates are high, and multiple social, emotional and health problems are common. Clustering occurs for two reasons: security with members of the same social, cultural, and ethnic group, and for economic reasons. It has been reported that approximately 20,000 Chinese have immigrated from Hong Kong during the past five years, and, that an additional 30,000 are anticipated during the next five years.

There is a high prevalence of tuberculosis in this group, with a high risk of reactivation. In addition, there will be multiple non-tuberculous problems. Lack of education and language difficulties increase emotional, social and economic problems, which lead to increases in health problems.

The Tuberculosis Control Division, with the assistance of the United States Public Health Service, has established three neighborhood tuberculosis clinics: Chinatown, Fillmore area, and in the St. Anthony Dining Room for Central City residents. These clinics are designed to present available and acceptable clinical services in a manner which is acceptable to the patients. Availability and accessibility are not synonymous with acceptability. Programs and methods of treatment must be slightly modified to meet certain social, cultural and ethnic patterns of various groups, and occasionally to meet the demands of an individual patient. Furthermore, these clinics are treating the patient as a whole human being in his environment, involving the entire family as a unit. Whereas the clinic has been designed primarily for the treatment of the tuberculous, total medical, social and emotional problems of patients are evaluated and proper referrals are made for other problems.

This program has been funded by the United States Public Health Service, Communicable Disease Division, with an annual grant since 1962. This will continue for another two years. The program is a national model. Representatives from agencies in other areas have been sent to review and study the program, and to introduce the concept into their areas. The Federal Budget for 1967-1968 is $163,000. It is possible that the Project may be extended as a special study project after the completion of fiscal year, 1968-1969. However, this has not been confirmed, although the favorable national publicity which the project has received may induce the Surgeon General's Office to continue it for national demonstration purposes.

Prior to 1962, approximately 25 per cent of the Chinese patients did not keep clinic appointments. During the past five years, this has been reduced to 1.3 per cent missed visits or 98.7 per cent kept appointments. This is far better than one would expect with private medical care. The missed appointments are due to the usual upper respiratory infection or G.I. disturbance. Likewise, the less well educated and poorer Negro in the Fillmore core area failed to keep about 50 per cent clinic appointments, but this has been reduced to 3.3 per cent missed visits or 96.7 per cent kept appointments.

Prior to 1962, the tuberculous alcoholic patient from Skid Row missed 65 per cent of clinic appointments, and thus frequently reactivated his disease. The reactivated tuberculous alcoholic patient required an additional eight to ten months of hospitalization, costing the taxpayers approximately $1,000/month. Since this clinic has been in operation, the percentage of missed visits has been reduced to 4.3 per cent, which means 95.7 per cent kept appointments. The savings in human suffering which have resulted from this program are immeasurable and the cost of rehospitalization has been remarkably reduced.

As a result of the increased out-patient and tuberculosis laboratory services, the number of hospitalized tuberculosis patients has been reduced from a daily load of 368 in 1961 to 135 in 1967. Again, the savings in human suffering cannot be evaluated in terms of dollars, but much needed beds are now available for the treatment of patients with other serious problems. Further, this program has resulted in shorter hospitalization, with the patient returning to his family and employment far earlier than formerly. Thus, rehabilitation of a useful citizen is more successful with this expanded out-patient program than was formerly possible.

Table I shows the total number of patients receiving treatment at the Decentralized Neighborhood Chest Clinics and Chest Clinic at San Francisco General Hospital, the total number of visits, and the total number of missed visits.

TABLE I

Clinic	Total No. Patients	Total No. Appointments	Total No. Missed Visits #	Total No. Missed Visits %	Total No. Patient Visits #	Total No. Patient Visits %
St. Anthony's	151	4,002	174	4.3	3,828	95.7
Northeast	946	10,283	138	1.3	10,145	98.7
Westside	329	3,799	125	3.3	3,674	96.7
SUB-TOTAL	1,426	18,084	437	2.4	17,647	97.6
S.F.G.H.	2,667	29,574	3,647	12.3	25,927	87.7
GRAND TOTAL	4,093	47,658	4,084	8.6	43,574	91.4

PROGRAM PRIORITIES

The program priorities for the Tuberculosis Division are:

1. The treatment and isolation of all communicable cases of tuberculosis. This is usually done in the hospital.

2. Treatment of all recently inactive cases of tuberculosis that have not had two years of chemotherapy with the newer anti-tuberculosis medication.

3. Treatment of suspicious or probable tuberculous patients and providing adequate diagnostic studies.

PREVENTIVE SERVICES

The chemoprophylaxis preventive treatment services are provided for certain high risk groups, in whom tuberculosis will probably develop if medication were not given. Adequate data has been collected locally to determine the high risk level of these specially selected groups.

1. Treatment of certain high risk individuals with extensive pulmonary fibrosis. It has been found, in the categories which have been selected, that approximately 8.0 per cent of this group will reactivate annually. Upon reactivation, further hospitalization is necessary and there is the danger of spreading their infection further in the community.

2. Treatment and close observation of contacts to active communicable tuberculosis.

3. Treatment of infected pre-school and school age children who have no evidence of clinical disease, to prevent them from becoming clinically ill.

TABLE III

SCHOOL YEAR	STUDENTS TESTED	POSITIVE REACTORS NO.	PER-CENT	SCHOOL CASES FOUND	FAMILY CONTACT PLUS SCHOOL CASES FOUND	TOTAL CASE RATE PER 1000 TESTS
TOTAL	274,856	12,406	4.5	356	542	1.7
1956-1957	25,286	1,492	5.9	44	62	2.4
1957-1958	16,904	1,125	6.7	32	42	2.4
1958-1959	29,541	1,765	6.0	44	62	2.1
1959-1960	34,028	2,267	6.7	54	93	2.7
1960-1961	28,699	1,771	6.2	38	58	2.0
1961-1962	32,005	772	2.4	16	30	0.9
1962-1963	35,395	1,369	3.9	47	68	1.9
1963-1964	40,559	1,074	2.6	24	41	1.0
1964-1965	32,439	771	2.4	45	62	1.9
1965-1966	35,707	653	1.8	12	24	0.7

The effectiveness of the intensified tuberculosis control program during the past ten years is demonstrated by the reduction in the prevalence of tuberculous infection in school children as shown in Table IV.

TABLE IV

SCHOOL YEAR	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
12	19.9	17.1	14.4	13.5	12.7	10.2	11.7	12.1	9.5	9.4
7	13.3	10.8	7.5	8.8*	9.8*	6.6	7.5	5.0	4.3	3.4
1	3.9	3.5	2.9	2.7	2.7	1.2	1.1	2.1**	1.2	1.0

* 135 Positive reactors from Hong Kong and Central and South America were admitted to one Junior High School during these two years, which accounts for these increases.

** This increase was accounted for by a large number of immigrants arriving from Hong Kong during the second half of 1963, who were positive reactors.

Such a dramatic decrease has been achieved despite the fact that the number of new cases reported annually has decreased but slightly. During the past five years 150-200 of the new cases reported annually would not have been found in the program which existed prior to 1956. Casefinding has been intensified to identify cases which previously were not sought until they developed recognizable symptoms, and had spread infection to many other individuals in the community. Casefinding has been greatly intensified in high risk groups, which include immigrants and migrants. The effectiveness of a tuberculosis control program is better reflected by the prevalence of infection in young children than by the number of new cases reported annually.

The expansion of out-patient treatment of tuberculosis, the treatment of children who are positive reactors, and intensified casefinding among high risk groups have been responsible for this dramatic reduction in the prevalence of infection in San Francisco. This has occurred although two-thirds of the positive reactors found by tuberculin skin testing during the past four years have been the children of immigrants or migrants recently moved into the City. Therefore, the decrease of infection among native children is far greater than the prevalence figures indicate. The Decentralized Chest Clinics have played a very important part in this improved picture.

LABORATORY

The modern treatment of tuberculosis requires extensive laboratory services, particularly drug sensitivity students for the selection of proper medications for the treatment of the specific organism infecting a particular individual. With adequate laboratory services, hospitalization may be further shortened, and thus the more humane and more economical treatment out of the hospital becomes extended. Whereas adequate city funds have not been available to modernize the tuberculosis laboratory services, these services have been developed through the Special Tuberculosis Control Project Grant. Since 1962, two Senior Microbiologists have been employed, and $15,000 for media, medications, supplies and equipment have been provided. With the passage of the Comprehensive Medical Care Act by Congress during the past session, all such project grants will terminate at the end of this fiscal year, or by the end of the fiscal year 1968-1969, based upon previous commitments. The United States Public Health Service has agreed, if funds are available, to continue the project until June 30, 1969. However, it may be possible to have this program extended as a special demonstration project.

It should be recognized that adequate modern tuberculosis treatment services cannot operate satisfactorily without a modern laboratory. Whereas the City renovated and equipped one room to provide a modern laboratory area, funds have not been appropriated for personnel and operating costs. It will be necessary to assume this full obligation within the next fiscal year.

FUTURE PLANS

Patients with tuberculosis who have successfully been treated should receive follow-up examinations for many years. The number of examinations per year gradually decreases until after five years of inactivity without treatment, the patient is followed by an annual chest x-ray examination and special sputum laboratory studies. This type of patient need not be followed in the more active treatment clinic, so that a special location for providing these services should be developed to give better supervision and service to this group, and to eliminate interruptions and dilution of patient care at the active treatment clinics.

Better and different types of clinic and post-clinic follow-up records will be necessary. Listing of multiple diagnoses and cross-indexing families is necessary in the adequate control of tuberculosis. As this disease is brought more under control, the number of beds and the length of hospitalization may be further shortened, so that out-patient services will increase; some type of clinical control will be necessary to reduce reactivations and rehospitalizations.

Clinic records should be automated so that they may be rapidly and accurately recalled for immediate usage. The tabulation of data by a multiplicity of variables should be readily available and accessible. The latter data will poinpoint foci of high risks for the concentration of efforts in areas of greatest productivity. These changes will require four additional clerks in the City Budget, three of whom have been provided by the United States Public Health Service since 1962.

TRAINING PROGRAMS

Student Program

During the past two years, the United States Public Health Service, through the Communicable Disease Center, Atlanta, Georgia, has hired senior high school and junior college students, who are continuing their education, for summer work. The students were chosen from minority groups, to provide them with summer employment to make money for continuing their education in the Fall. The San Francisco Health Department received 25 per cent of the national quota of students during the past two years. The student program provided meaningful employment so that the experience was educational. One of the San Francisco minority students has received a certificate and an award as the outstanding worker in this group nationally for 1967.

Physician Training

The Tuberculosis Control Division has also been chosen by the United States Public Health Service as an outstanding service in which to train career officers. They have assigned two full-time physicians to the Tuberculosis Division to learn the San Francisco program and to gain experience with our staff. Since these physicians are fully trained, they contribute markedly in providing services for the tuberculous patients.

STATISTICAL REPORT - SAN FRANCISCO CITY CLINIC

	Fiscal Years				
	1962-63	1963-64	1964-65	1965-66	1966-67
Cases Diagnosed and Treated	5,701	6,201	6,818	8,487	11,336
Syphilis	989	1,054	963	874	946
Gonorrhea	4,709	5,155	5,855	7,613	10,390
Other Venereal Diseases	0	0	0	0	0
Epidemiological Investigations	7,551	7,529	7,357	8,032	7,637
New Patients Admitted	6,017	6,647	7,707	9,222	12,733
Re-Admissions	5,775	6,284	6,855	8,028	9,575
Laboratory Tests	45,633	47,577	46,190	50,569	62,135
Total Patient Visits	34,148	34,229	36,203	37,892	45,185

City Clinic 1966-1967 statistics continued to reflect the magnitude of a growing venereal disease problem in San Francisco, as well as to indicate the ever-increasing demands made upon Health Department facilities in this respect. Compared with 1965-1966, there were an increase of 29 per cent in the combined categories of new patients and re-admissions, a 34 per cent increase in total diagnoses, a 36 per cent increase in gonorrhea, an 8 per cent increase in syphilis, and a 23 per cent increase in laboratory tests. Also, despite every effort to reduce follow-up to a bare minimum, there was a sharp increase in routine revisits. Many related items do not readily lend themselves to tabulation, but the net effect was a constantly crowded waiting room of patients being handled by a staff continually under pressure. The Clinic is in operation nine hours a day. All too often, this was insufficient, with staff having to work overtime to take care of remaining patients and prepare for the next day.

While there are no substantiating data, it is felt that a large proportion of the increase in venereal diseases, with their requirements for treatment and control measures, was the result of a migration into the City of many young people with rather casual views on sex and its potentially harmful side effects. On the other hand, though, there is no reason to believe that without this element the pattern of rise that has developed in recent years would have been reversed.

Gonorrhea, apparently uncontrollable by present methods, is the major problem. It is highly contagious, with a short incubation period; tests for discovery in infected women (usually symptomless) are not very good; and, as though there were not already difficulties enough, the causative organism is becoming more rapidly increasingly resistant to therapy. It became necessary during the latter part of the year to raise dosages by about one-third to combat a developing treatment failure rate.

The Division, with Federally-supported personnel, continued in the expansion and refinement of means for informing the public concerning certain aspects of venereal diseases. The position of Information and Education Specialist, vacated last year, was filled by a very able person, who succeeded in greatly expanding radio and television coverage in the Bay Area. He was also able to raise the level of concern with the problem among members of many unofficial civic organizations. Prospects for the future development in this regard are very good. The position of Health Educator, also funded by the United States Public Health Service, will terminate June 30, 1968. Hopefully, City-employed educators will continue with the encouragement and assistance needed by the Department of Education.

BUREAU OF PUBLIC HEALTH NURSING

The Bureau of Public Health Nursing ischarge with providing generalized public health nursing services to individuals and families in homes, in schools and in district health centers. The maintenance of high level of professional nursing competence is a particular responsibility of the Bureau. This is achieved through the careful evaluation of the performance of nurses and continued efforts to assist each staff member to attain her greatest potential by providing adequate supervision and in-service education.

RELATIONSHIPS

Because nursing is the fundamental service in most health Department programs, it is important that a close working relationship exist between this Bureau, program chiefs, district health officers, and top administration. During the past year, the orginization of the department into five separate and distinct districts has led to a reconsideration of the functions of various disciplines in order to better understand roles and relationships. This has resulted in an increase in planning for programs and services at the district level with consultation from Bureau chiefs. The strengthening of the concept of decentralization should result in more effective communication between all disciplines providing health services throughout the community.

ACTIVITIES

The greatest proportion of public health nursing time, approximately fifty per cent, is spent in public and parochial schools. There has been an increased effort to make this service more effective, but the basic need expressed by both school personnel and nurses is still unmet. The need is for a full time person trained to do both minor first aid and clerical work. Such a worker could be developed through the new careers or other economic opportunity training programs.

It is evident to all who work in the school program that emotional and other health problems of school age children are not being adequately met. It is well recognized that a number of schools do require full time professional nursing service, yet this is not possible in a generalized service where each nurse must provide a multitude of other services in the total district to which she is assigned. Each new program places additional demands on the nurse and cuts into the time available for previously existing services. This problem cannot be resolved unless additional staff are secured or existing services are cut.

In an effort to reach a greater proportion of the population, a variety of group sessions have been conducted. In two districts, prenatal classes continue for expectant mothers, while in another the nurses have continued their weekly sessions with pregnant teenage girls enrolled in the Special Services

Centers of the Unified School District. All of these classes were designed to meet the needs of members of each group and therefore requires considerable skill on the part of the nurse leaders. These sessions have served to answer many of the questions of pregnant women about the process of pregnancy childbirth and the care of themselves and their newborn babies.

During the past year, several nurses have met with groups of mothers to discuss child care. Such sessions enable mothers to learn from each other and to recognize the usual patterns of child development, as well as early signs of physical or emotional problems. Individual attention is given to mothers expressing particular concerns, while visits to homes often provide the additional reassurance necessary.

Over the past few years, more emphasis has been placed on defining the problems of the senior citizens and designing ways of meeting their needs with some effectiveness. Nurses have visited senior citizen centers to give talks about health practices and to make referrals for their community services. This year more concentrated efforts resulted in regularly scheduled contacts with Downtown and Aquatic Park Senior Centers. In addition, nurses have regularly visited some of the housing units for other persons. In all these areas they have made themselves available to answer questions about health problems, to encourage and assist individuals to secure medical care and in several instances they have detected health problems which might otherwise have gone unnoticed.

With the increase of Home Health Agencies providing nursing service under Medicare, careful appraisal must be made by our public health nurses in order to insure that duplication of effort and dilution of service in the community does not result. T is has been true, also of services provided through the In-Home Services Prbject with San Francisco Homemaker Service.

Services of the Liaison nurses at San Francisco General Hospital in the maternity, pediatrics, tuberculosis, and adult divisions continued. Plans are under way to further improve the communication between the hospital and district health centers, so that a continuum of service can be assured to all who need it.

With the modification of the duties of the public health nurse assigned to the Immediate Psychiatric Aid and Referral Center at San Francisco General, she now is able to refer patients discharged from the psychiatric unit to public health nurses in the districts for on-going nursing service when necessary. This arrangement also permits better communication on family problems related to patient problems and should result in more comprehensive mental health services.

As in the past, direct service in homes is a very important part of the nurse's work. Here she has the opportunity to demonstrate the care of the baby to the new mother, to counsel the puzzled parent about eating habits and nutritional needs of children, to listen patiently to the concerns of the parents of a retarded child and to help them understand, as well as help to develop the various abilities of the child, or to assist others in seeking and securing medical care.

[illegible]

The number of nursing visits to individuals by class of service is shown in the following table:

PUBLIC HEALTH NURSING VISITS
BY SERVICE AND DISTRICT
JULY 1, 1966 thru JUNE 30, 1967

DISTRICT	MATERNITY	HEALTH SUPERVISION	COMMUNICABLE DISEASE	TB	CRIPPLED CHILDREN	MENTAL HEALTH	CHRONIC ILLNESS
#1	3910	6402	86	3153	1351	644	644
#2	4707	6922	55	2586	1086	387	583
#3	3330	6258	65	3333	1654	435	549
#4	1454	2980	56	4950	529	556	1351
#5	705	2516	36	1627	922	462	1479

It can generally be assumed that this is an under-reporting of actual service, since only one service is reported for an individual on any one visit. Not infrequently two or more services are provided, such as tuberculosis and mental health. What is reflected is the number of individual visits in terms of what was considered the major area of service. Reflected in this number are also the unsuccessful visits because a wrong address was given on referral or no one was at home.

Comparisons between districts cannot be made since the number of nurses vary from one district to another as well as the number of fixed assignments such as schools and clinics.

Throughout the period covered by this report, 133 staff nurses were responsible for providing services in three decentralized chest clinics, as well as other tuberculosis clinic services, in the venereal disease clinic with an ever increasing population, in 204 schools, in 32 child health conferences each week, in 21 immunization clinics each month, and in six family clinics each week, as well as providing services in homes and to groups.

FUTURE PLANS

There is every likelihood that demands for nursing serview will increase in the next year at an even greater rate than before. New ways of providing services, better co-ordination efforts and modification of existing services are of constant concern to this Bureau.

The anticipated development of "New Careets programs will require development of leadership and teaching skills in a different way, if employees in the program are to be enabled to realize their potential. It will, there-

[illegible] number of nursing visits to [illegible] by class of service is [illegible] in the following table:

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	2010	[illegible]	[illegible]	3[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	583
[illegible]	[illegible]	[illegible]	[illegible]	415	[illegible]
[illegible]	[illegible]	[illegible]	4910	525	1351
[illegible]	[illegible]	[illegible]	[illegible]	4[illegible]	[illegible]

[illegible] be assumed [illegible] is a [illegible] reporting of [illegible] [illegible] only one service [illegible] individual [illegible] one [illegible]. Not infrequently [illegible] of service [illegible] unknown [illegible] and [illegible] is [illegible] as a number of individual [illegible] in terms of [illegible] the major [illegible] of service, [illegible] [illegible] also [illegible] a [illegible] visit [illegible] additional [illegible] or [illegible] one [illegible] home.

[illegible] distinctions [illegible] the number of nurses [illegible] another [illegible] number of [illegible] assigned [illegible] as [illegible] and clinics.

[illegible] the [illegible] reported [illegible], 1[illegible] of nurses were [illegible] [illegible] as [illegible] clinics, [illegible] clinics, [illegible] services [illegible] clinics, [illegible] in [illegible], in [illegible] child [illegible] clinics, [illegible] and [illegible] providing [illegible] in homes and [illegible].

[illegible]

[illegible] that [illegible] for nursing [illegible] increase [illegible] of providing [illegible] and [illegible] or [illegible] for public [illegible].

[illegible] agencies [illegible] and [illegible] development [illegible]

fore, be necessary to prepare nursing staff to teach those tasks which can be of significant value in health services to "New Career" employees.

More community participation will, no doubt, be necessary in order to bring about careful planning for comprehensive health services.

There is little doubt but that public health nurses will be enabled to make a more significant contribution to the mental health programs of San Francisco. Plans are already underway to prepare nurses to more adequately meet these challenges.

As in the past, the need for clerical personnel to release nurses from these duties for which they are not prepared, in order that they may perform the nursing responsibilities is most urgent. Also, there is need for three R. N.'s to perform those nursing functions in clinics which do not require the preparation of public health nurses. The lack of such personnel at this time has made it necessary to cut back on vital services to individuals and families.

As demands for public health nursing service increase and additional new programs are developed, it becomes even more imperative that safe procedures for sound professional nursing practice be spelled out. This will be the priority consideration of this Bureau during the coming year.

DISTRICT HEALTH CENTERS

The City of San Francisco has been divided into five Health Districts with a District Health Center in each. The Health Centers are administratively responsible to the Assistant Director of Public Health for Public Health Services. A building program, begun in 1960, is progressing according to plan and will produce new Health Center buildings in each district by 1970. One building was completed in 1966, two more are nearing completion, and will be ready for occupancy in early fall of 1967, construction of a fourth is just beginning, and plans are being drawn for the fifth and final building.

The Health Centers evolved primarily as public health nursing stations, where the physicians came in only to conduct clinics. The past decade, however, has seen the establishment of full-time medical direction of the centers, decentralization of many services and the establishment of multi-discipline staffs. Except for slight variations due to particular needs of certain districts, each new Health Center will eventually be staffed by:

1 District Health Officer (a full-time physician)
1 District Medical Officer (a full-time physician)
2 to 4 part-time physicians
1 District Administrative Nurse
2 to 3 Supervising Public Health Nurses
20 to 30 Public Health Nurses
1 Principal Inspector
4 to 8 Environmental Health Inspectors
1 Health Educator
1 Dentist, part-time
1 Dental Hygienist, part-time
1 Mental Health Team (Psychiatrist, Social Worker, Public Health Nurse)
3 to 5 clerks
2 Porters

HEALTH CENTER ACTIVITIES AND SERVICES

Community Activities

One of the most important functions of the Health Center staff is to work with the residents of the community, to help them improve the overall condition of the district, to inform them of the services available to them and assist them in using these services, to find unmet needs and to work toward the provision of services to meet those needs. Many examples of such cooperation can be cited - public health nurses giving service and consultation to senior centers and housing projects for the elderly; Health Department administrators joining the Medical Society, the University and representatives of the War on Poverty to plan the Mission Neighborhood Health Center; public health nurses and health educators assisting in the orientation and training of neighborhood health workers; and Health Center staffs meeting regularly with District Councils and neighborhood organizations

Information and Referral

Another very important function of the Health Center is to provide the citizens with the most up-to-date information concerning health and medical care. Each staff member must have extensive knowledge of agencies in the community so that they can make effective referrals for the people who come to them for help.

[illegible] THROUGH CHURCH

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The public health nurses frequently serve as coordinators, bringing services of both public and private agencies together for the benefit of the patient.

Health Education

The district Health Educators are particularly concerned with establishing communications with agencies and other organized groups in the community, making them aware of the services offered by the Health Department and, in turn, bringing back to the Department the citizen's view of the community's needs. The public health nurses assist teachers in public and parochial schools teaching health in the classroom or presenting material to faculty and P.T.A. meetings. Whether making home visits or conducting food inspections or conducting clinics, each member of the Health Center Staff teaches the essentials of healthy living.

Clinic Services

1. Child Health Conferences - Thirty-six conferences in seventeen different locations throughout the city are held each week to provide well child care for infants and children of low income families.

2. Immunization Clinics - Immunizations and tuberculin tests are available for school children in each Health Center once or twice each month.

3. Dental Clinics - Free dental care is available for children of low income families in most of the Health Centers.

4. Cancer Screening and Family Planning Clinics - During the past year, three of the District Health Centers have established clinics to provide cancer screening and family planning services for married women and women over 21 years of age.

Public Health Nursing Services

The public health nurses divide their time between home visiting, the school health program in the public and parochial schools, and conducting the various clinics. Home visits are made to mothers who attend the Prenatal Clinic at San Francisco General Hospital, to children receiving specialized medical care under the Crippled Childrens Program, to patients who are homebound because of communicable disease, tuberculosis, chronic illness, mental illness, aging or a myriad of other reasons. The nurse is often the link between the patient and the physician or clinic involved in his care. She is often the one who must investigate the complaint of a neighbor or a plea from a worried landlord.

Nursing time is assigned to the elementary and secondary schools according to the population or the school and the health needs of the neighborhood, and varies from one-half day per week in the small elementary schools to eight half days per week in the senior high schools. The nurse keeps health records on each student; assists with vision, hearing, and tuberculin testing programs; aids the school personnel to care for sick or injured children; and provides consultation and referrals for families of children with health or emotional problems. It is a very demanding program and the nurses must do a great deal of clerical work that could well be done by less trained personnel, presently not available, that would free her time for more important duties.

Environmental Inspection

The opening of the first new Health Center, in District I, marked the beginning of the decentralization of some of the inspection services and will continue with each new Center. Inspection of all food handling operations (stores, restaurants, etc.) and investigation of complaints of poor sanitation will be done by the district inspectors.

Mental Health

Some of the most difficult and time-consuming problems faced by the district staff concern mental illness. Helping the patient to obtain psychiatric care and helping the family to understand his illness and recognize the need for such care are often almost impossible. Mental Health teams have been budgeted for three of the districts, although all of the positions are not yet filled. These teams will provide some direct service in the Health Center but will also provide consultation for the rest of the staff and other groups in the area.

Chronic Illness and Aging

The advancing age of a large percentage of the City's population, 14% of whom are now over 65 years of age, presents serious problems of chronic illness and disability. The high cost of hospital or other institutional care makes home care a necessity in most cases. Though recent Federal legislation has made funds available for many types of care, many of the elderly need assistance in using these programs. Casefinding, evaluation of needs and coordination of services in the home are often provided by Health Center staff. A special project, financed by federal funds, in cooperation with the San Francisco Homemaker Service, to study ways of coordinating such services, has been functioning in three of the Districts.

Teaching Programs.

Traditionally, the Health Centers have provided field experience for student nurses for many years. Observational visits and field experience has also been provided for students of nutrition, dietetics, social work, rehabilitation and other disciplines. For severl years, resident psychiatrists from Langley Porter have been doing field work in the Districts. In June of 1966, fourth-year medical students from the University of California started field training one day per week for a quarter in the Health Centers as a part of their Community and Ambulatory Medicine course. All of these programs have been very effective in improving communications between the Health Department and the other medical care facilities of the community.

HEALTH DISTRICT I (Eureka-Mission)

Health District I is a heterogeneous area of the city including expensive homes in the western section; neat middle-class flats in Eureka Valley; older, multiple-unit dwellings in the "heart" of the Mission; public housing units on the southern slopes of Potrero Hill; and business and industry, mainly in the eastern section. The population of 141,000 is likewise heterogeneous but in general is youthful and has the highest birth rate in the City. There is a large Spanish-speaking group (mostly from Central America) and smaller groups of other minorities. The major social and health problems are related to low income, limited education, recent immigration, transiency, and racial and language barriers.

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The construction of the Rapid Transit System and proposals for redevelopment of certain areas of the district have caused great citizen anxiety and controversy during the past year. The War on Poverty has sponsored a variety of projects in the area. Despite administrative and operational difficulties, these have aroused the people to become active participants in planning for their health care. The first Neighborhood Health Center in the City has been approved for the Mission District. Everyone concerned with the health of the poor is waiting to see how this approach meets their needs.

During the past year, the staff of the Health Center was increased by the addition of a full-time Health Educator, a Mental Health team, and a second Porter. Also, a resident physician in Public Health was assigned for the year. This added personnel allowed the expansion of several activities, particularly those which are community-oriented:

1. The Mental Health Team spends approximately one-half of their time in direct services to patients and the remainder in consultation with staff and community groups. Since both the psychiatrist and psychiatric social worker speak Spanish, they are particularly skillful in reaching the large Spanish-speaking population. Many of the mental health problems that they have identified are associated with the acculturation of immigrants, the deprived socio-economic status, and the large number of youth in the area.

2. The Family Clinic, which offers both cancer screening and family planning services for women, started in March 1967. There are now two sessions each week serving ten to fifteen women each session.

3. Nursing Child Health Conferences were started in an attempt to better utilize the skills of the public health nurse. Selected functions formerly performed by the physician in the Conference were transferred to the nurse. The transition requires considerable planning, in-service education, and ongoing supervision, but it appears to be bringing better services to the patients in the clinic and, by improving nursing skills, to families visited by the nurse at home.

HEALTH DISTRICT II (Westside-Marina)

Health District II covers the central section of the city, and includes the Haight-Ashbury district, the Western Addition, Pacific Heights and the Marina. The population is approximately 160,000. The district staff have been operating out of four separate physical locations and are eagerly awaiting the completion of the new Health Center at Ellis and Pierce Streets. Due to construction delays, the new building will not be ready until late in August.

Three identified populations of greatest concern in District II continue to compete for attention. Having become increasingly aware of the population of elderly in the district, the physical and mental health problems of this group have loomed increasingly larger in planning for future programs. Plans for increasing public and private housing for senior citizens in the district have intensified this concern. It is obvious that serious gaps in care for this group exist even with Medicare and MediCal assistance. Preventive medicine-our primary focus-has not been sufficiently taken into account by these programs. Moreover, fragmented services are a physical barrier to those whose energy and function have been limited by disease and age.

The second population of regard - the "flower children of the Haight-Ashbury" have become a serious problem. The increase in population in the age group from 15 to 25, and the life style they have adopted, have resulted in crowding, insanitary conditions, an increase in the incidence of communicable diseases such as hepatitis and venereal disease, and a profound problem due to drug experimentation and dependence. This has forced a shift in already overstretched district resources of time and personnel in order to assume even a limited responsibility. The inspection division and our health education resources have borne the brunt of this need for increased service, but it has been necessary to divert some nursing time to followup of hepatitis cases as well. Liaison with this community is particularly difficult due to its continuing shift in spokesmen and leaders, to its incredible mobility, and to its rejection of the "straight" world.

Of continuing concern has been the relatively young, nonwhite population of the Western Addition. Poverty, lack of job opportunities, educational deficiencies, one-parent families, health indices showing continued needs in the area of maternal and child health, justify the necessary concentration of district time and effort which is devoted to this group. Two special programs, the "Y" project for young unwed mothers, and the Maternal and Infant Care Project, offering many services to high-risk, low income mothers, have continued and even expanded. Continuing effort in tuberculosis control has shown significant results in a continuing decline in new cases. Various activities, agencies, and Medi-Cal have brought some increase in the health services to this community, but there continues to be a serious lack of coordinated, comprehensive services for adults 21 to 65. The Office of Economic Opportunity's own medical program has concentrated on screening services for adults to assist in covering this gap in medical care. Community relationships are an important focus of our concern in the Western Addition, this has been particularly well implemented by the district Health Educator.

HEALTH DISTRICT III (Bayview)

Health District III includes the Alemany and Hunters Point areas of the southern border of the City. The population of 145,000 is about 25% nonwhite and the youngest in the city; only 8% are over 65. The new Health Center building, at Silver and San Bruno Avenues, is nearing completion and is expected to be ready for occupancy in October. Some satellite clinics will continue to be held in outlying areas because of poor transportation facilities in the district. In the new building, the present staff will be joined by the environmental health inspectors that serve the area. The last budget granted a Health Educator for the District, an urgently needed position, and he will join the staff on July 1.

Services of the Health Center have been supplemented during the past year by the addition of a Cancer Screening and Family Planning Clinic, open to all married women and women over the age of 21 years.

The major public health needs concern the large numbers of illegitimate pregnancies, inadequate use of prenatal care facilities, health services for infants and school children, in-home services for the chronically ill, casefinding and supervision of tuberculosis.

The major social problems of the area are the large numbers of unemployed and unemployable among the young non-white groups and the need to replace

the old dilapidated housing projects in Hunters Point. Several citizens' organizations and the Office of Economic Opportunity have been working toward solutions to these problems. Members of the Health Center staff meet regularly with neighborhood organizations in their efforts to improve life for the residents of the district.

HEALTH DISTRICT IV (Northeast)

Health District IV includes several very diverse neighborhoods - Chinatown, North Beach, Nob Hill, Downtown, Skid Road, and South of Market. The population of 111,600 is the oldest of the five districts, has the highest death rate, the lowest birth rate, and the highest rate of new cases of tuberculosis. Approximately 75% of the Chinese people of San Francisco live in the district.

This district has two designated poverty areas - Chinatown-North Beach and Central City. There is serious overcrowding and very poor housing in several areas. The primary health problems in Chinatown-North Beach are tuberculosis, dental disease, mental illness, and poor nutrition; those in Central City include tuberculosis, alcoholism, cirrhosis, poor nutrition, narcotic problems and a wide variety of mental illness.

The present Health Center is located in the basement of the Ping Yuen Housing Project on the corner of Stockton and Pacific Streets. The Decentralized Chest Clinic is immediately adjacent to the Health Center. This location of a chest clinic in the district has been extremely beneficial in the followup of tuberculosis, especially among the Chinese who are very reluctant to travel all the way to the San Francisco General Hospital for their care. During the past year, a Mental Health Team was added to the district staff, but they had to be housed in offices about four blocks from the Health Center. This team is made up of one full-time psychiatric social worker and one part-time psychiatrist. They are very active in the district because the need for their type of service is very great.

Two new and interesting services were added during this past year. In november 1966, the Family Clinic was opened and offered cancer screening, family planning, consultation and referral for fertility and social problems. In January 1967, the New Start Center opened to serve the residents in the Yerba Buena Redevelopment Area south of Market Street. This Center is jointly operated by the San Francisco Redevelopment Agency and the Health Department. Physicians' services are provided three mornings per week for diagnosis minimal treatment, and referral as needed. The purpose of the Clinic is to offer these health services to the residents before they are relocated.

Plans have been formulated for the new Health Center building to be located over the east end of the Broadway tunnel, close to Chinatown and North Beach. Satellite clinics are planned for other sections of this district.

HEALTH DISTRICT V (Sunset-Richmond)

Health District V covers the western border of the City and houses a population of 182,000. It is a primarily middle-class residential area with an older-than-average population that is 95% Caucasian. The major public health problems of the district are the provision of health services for the 35,000 school children, tuberculosis control, mental illness, chronic disease and aging.

The public health nurses spend almost one-half of their time in the 44 schools in the district. About 1,000 students from other areas are bussed into Sunset schools. Integration of these students has presented no real problems except for the difficulty in coordinating health services for them.

The nurses are finding more and more cases of mental illness in the district, often complicated by alcoholism or senility. Many elderly people, usually widows, living alone, are too senile to care for themselves and yet there is no one to accept responsibility for them. The Geriatric Screening Unit has been very helpful to the district in evaluation and planning for such patients. If this Unit is terminated by budgetary restrictions, there will be a serious gap in service for this group. A Mental Health team is urgently needed for the district, to provide consultation for the staff and direct service in the Health Center.

The In-Home Service Project, in cooperation with the San Francisco Homemaker Service, has continued and application has bee made for an extension. Because of the increased case load due to Medicare and the need to hire additional staff, the district Homemaker Service office has moved into a house across the street from the Health Center.

Plans for the new District Health Center at 24th Avenue and Irving Street are now complete and construction will begin on July 15, 1967. The present Center at 41st Avenue and Pacheco Street will be continued to be used as a substation after the new building is completed.

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SAN FRANCISCO GENERAL HOSPITAL

PURPOSE AND SCOPE

The San Francisco General Hospital operates as a part of the curative and therapeutic medical section of the Department of Public Health under the Director of Public Health, and the Assistant Director of Public Health, Hospital Services. It is basically responsible for providing acute medical and surgical care to medically indigent residents of San Francisco, but during this fiscal year with the advent of Medicare and Medical the admission policies were broadened to allow the facilities to be used by anyone, depending on a system of priorities and available beds.

Excellent cooperation between the City administration, the Department of Public Health, and the University of California over many years continues to identify this hospital as a highly desirable training facility for the medical profession. This is clearly demonstrated by the superior level of intern and resident attracted each year from throughout the Country, and further evidenced by the hospital's filling its full quota of interns and residents.

PROGRAM ACTIVITIES

PATIENT STATISTICS:

For the fiscal year 1966-1967 our patient day load decreased from the previous year. The total patient days were 251,397 as compared with 282,850, a decrease of approximately 11.1%. Total admissions and births were 19,565 as compared with 19,760, a decrease of .098%.

For the first time in the history of this institution, the chronic patient load which was ever present awaiting transfer to Laguna Honda or other long term facility, has been eliminated. The result has been that the wards are operating almost exclusively on acute medical and surgical cases. This has reduced our average stay by about one and one-half (1½) days per patient.

REVENUES:

Fee tags for the fiscal year totaled $3,054,684,97 which with the credits received from the State by the Controller of $2,430,727.00 made a grand total of $5,485,411.97 compared with the 1965-1966 total of $3,163,488.00. This represents an increase of approximately $2,321,923.00 or 73% over 1965-1966.

A comparison of revenues by source is as follows:

SOURCE	1965-66	1966-1967
Care of Patients - General	$ 614,980.	$ 728,261.
Bureau of Delinquent Revenue	297,180.	279.183.
Care of Patients - Psychiatric and Tuberculous	334,821.	256,547.
Care of Compensation Cases	125,004.	117,690.
Care of Medicare - Medi-Cal cases		
Receipts	1,701,400.	1,575,059.
Credits		2,430.727.
Total Care of Patients	3,073,385.	5,387,467.
Miscellaneous Collections	90,103.	97,945.
Total Collections	3,163,488.	5,485,412.

Medicare-Medi-Cal Program:

As indicated both in patient statistics and revenues above, the Medicare and Medi-Cal programs have had a tremendous effect on the impact of the hospital budget on the City and County taxpayer. Almost one-half of the total hospital budget was collected from sources other than the tax roll.

The decrease in the average patient census is due primarily to the removal of the chronic patients (100) from the institution. The patients remaining are getting better care from physicians and nursing personnel because the drain on the time of these persons by the chronic patients has been eliminated.

Hospital Bond Fund Program:

A site for the new hospital was picked by the architectural firm of Stone, Marraccini and Patterson and approved by the Director of Public Health and the Chief Administrative Officer. This site is in the approximate center of the present area, and involves a change of plans to allow construction of a new power plant-shop-laundry area before the area can be cleared for the new hospital building.

Outpatient Clinic:

Construction has begun on the new Outpatient area to be in the old Nurses Home building. It is scheduled to be completed in the fall of 1967, and funds for staffing and equipping this department will be requested in a supplemental appropriation immediately after the beginning of the new fiscal year.

Outpatient statistics for the past three years indicate the need for this service:

Clinics	1964-65	1965-1966	1966-67
Follow-up	19,550	19,730	20,271
Pediatric	16,593	15,230	15,400
Pre-Natal	10,093	9,052	6,396
Adult Psychiatric	4,742	8,242	10,911
Psychiatric IMPAC	3,942	5,811	6,854
Dental	5,194	4,818	4,437
Admission-Emergency	45,006	45,038	50,259
Chest	47,551	34,541	25,927
Total	152,671	142,462	140,455

X-ray Department:

The final phase of remodelling in this section has been started and will be completed late in the calendar year. The new Special Procedure suite as well as the new image intensifier fluoroscopes have made it possible for x-ray to perform many complicated new procedures that have become necessary in treatment and diagnosis of vascular and neurologic injuries and diseases.

Admission-Emergency:

Remodeling and enlarging of the emergency treatment facilities is scheduled for completion late in the calendar year. This project includes a new X-ray diagnostic facility in connection with this area, an additional treatment room, and a new property room immediately adjacent to the booking desk.

Intensive Coronary Care Center:

Completion of this unit on Ward 33 is scheduled for the end of the fiscal year, with equipment and furniture to be installed so that the unit can be opened early in the next fiscal year.

Because of the extremely complicated monitoring and treatment equipment to be used in this area, the Nursing Service on the recommendation of the Head Nurses as a group, began a campaign to send two nurses (one Head Nurse and one Nursing Instructor) to a month long course on the treatment of acute coronary cases, given at two hospitals in Los Angeles. Tuition is $500. each, and living expenses are additional. This appeal was picked up by the local press and a scholarship fund has been created for the Nursing Service. Donations were received over and beyond the amount needed for the Coronary Care training, and the scholarship fund will be continued.

Nursing Salaries:

Early in the fiscal year, nurses in the voluntary hospitals of San Francisco threatened to walk out of their institutions if their salaries were not adjusted to more equitably reflect the professional duties that they are performing. A satisfactory agreement was reached, but the corresponding wage increases destroyed the traditional 15% differential which was enjoyed by nurses working in the City and County hospitals. After many meetings and fruitless negotiations, our nurses were told that nothing could be accomplished unless an actual emergency situation existed. Spurred by this, they presented the hospital administration with an ultimatum stating that unless satisfactory negotiations were concluded, they would not appear for work on August 30, but would suddenly be taken ill.

Faced with this pending crisis, the Health Department arranged with other hospitals in the City to care for County patients, the Hospital closed off admissions, and starting August 2, with a census of 725, the patient load was reduced to 373 on August 30.

On that day one nurse was on duty, and she was in Central Supply. Emergency coverage had been promised by the nurses, and the Wards that remained open were staffed by Head Nurses and Nursing Supervisors, who with Assistant Directors of Nursing were working sixteen hour shifts.

An emergency was declared by the Mayor. A new scale of salaries for nursing positions was agreed upon, and funds for the salary increases were appropriated.

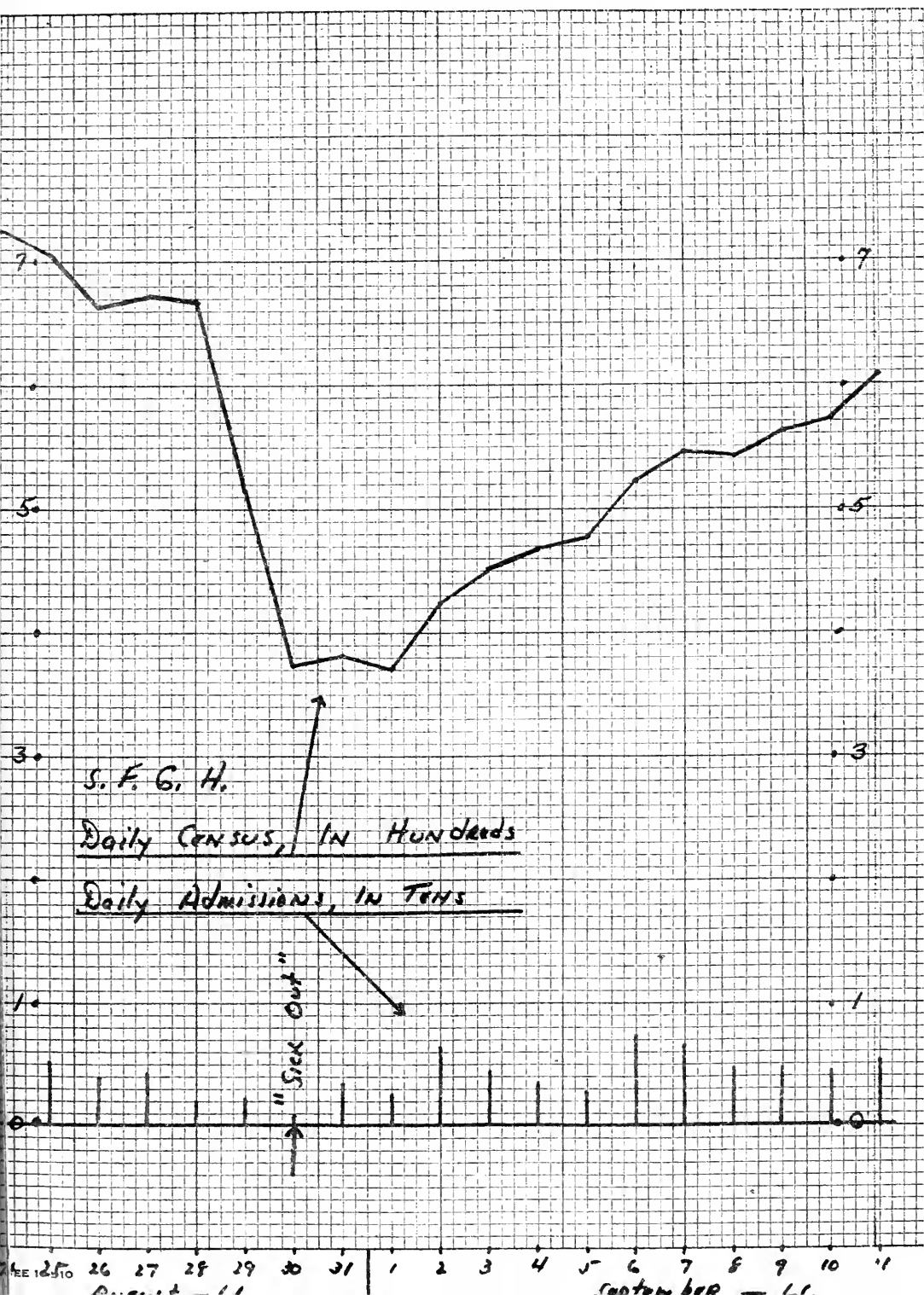
Nurses reported for duty the following day, and in a matter of ten days the hospital was back to a reasonable semblance of normal. (See Chart attached).

FUTURE PLANS

Kidney Center:

A State grant of approximately $500,000.00 has been approved for the establishment at this hospital of the Northern California Kidney Dialysis Center. This will be one of two in the State, and will be for the care of those patients suffering from kidney disease or injury which requires the use of an artificial kidney to prevent uremic poisoning.

Under the guidance of Frank Gotch, M. D. this money will be used to construct and equip part of the old Isolation Building for this purpose. Construction is expected to commence during the next fiscal year, as will the use of a new type artificial kidney which these patients can make use of in their own homes.


S. F. G. H.
Daily Census, In Hundreds
Daily Admissions, In Tens
"Sick Out"
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5
3
1
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26 27 28 29 30 31
1 2 3 4 5 6 7 8 9 10 11

EMERGENCY HOSPITAL SERVICE

PURPOSE AND OBJECTIVES

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical, and ambulance care to the population of San Francisco. This service is, in effect, the liaison between the emergency and such time as the patient is put into more permanent care.

The concept of this Service is the same as that of the Police Department and the Fire Department; that is, a public service for the protection of life and limb. It is supported by taxes, for the people, so that San Francisco is a better and safer city in which to live.

RELATIONSHIP

Probably no unit in the City has more inter-relationships with other departments than does the Emergency Hospital Service. Within the Department of Public Health, the Birth Registry and Death Registry, Laboratories, Bureau of Disease Control, Crippled Children Services and Public Health Nurses have frequent contact with the service. San Francisco General Hospital and Laguna Honda Hospital have daily and constant relationship.

We cooperate daily with Police and Fire Departments, answering all multiple fire alarms, specific single or silent alarms, and occasionally send three to five ambulances to a single fire, which necessitates hiring an extra crew. The Municipal Railway calls the Emergency Hospital Service for all cases involving injury or illness on their vehicles. They do not move the vehicle until the patient has been removed by our staff.

The Emergency Hospital Service records are a most valuable adjunct to attorneys, insurance companies, the Industrial Accident Commission, and the Courts, since they provide an immediate and unbaised professional opinion by a doctor.

PROGRAM

Care is rendered at five Emergency Hospitals, on a 24-hour basis, with a minimum of one Doctor, one Registered Nurse, one Medical Steward, and one Ambulance Driver on duty twenty-four hours daily, 365 days a year. Harbor, Alemany, and Park Emergency Hospitals have the minimum staff; Central Emergency has an additional nurse from 3:00 P.M. to 11:00 P.M., an additional part-time Doctor on Friday and Saturday evenings, and an extra "trouble-shooter" ambulance from 4:00 P.M. tl midnight. Mission Emergency has twenty-four hour ambulance service, but all medical and nursing staffs are provided by San Francisco General Hospital.

Last year, there were 113,824 admissions to all Emergency Hospitals and 37,319 ambulance runs.

[illegible]

FUTURE NEEDS AND PLANS

Since no changes were made in last year's projections, our future needs are still the same:

Harbor Emergency Hospital is scheduled (still in the indeterminate future) to be relocated from the present location at 88 Sacramento Street. New building and new equipment will be needed; existing personnel will be moved to the new structure without any increase or reduction.

Park Emergency Hospital will be rebuilt some day, and will probably have to be relocated.

Ocean Beach Hospital was closed last year, due to minimal usage, and to poor location without ambulance service. No impact has resulted.

WORK LOAD

The work load is best illustrated by the following table:

Disposition of Patients	Total	Mission	Central	Alemany	Park	Harbor
Total	113,824	60,064	17,910	14,186	13,369	8,295
Home	92,026	45,816	14,851	12,816	11,664	6,879
S. F. Gen. Hosp.	16,120	13,190	1,618	337	477	498
Other Hosp.	5,230	957	1,326	960	1,150	845
Deceased	440	101	115	73	78	73
AMBULANCE RUNS 1966	37,319	5,635	15,936	4,361	5,247	6,140

EQUIPMENT

Last year, only one ambulance was provided, and this year's budget again allows one. A minimum of 2 replacements per year is advisable.

An autoclave has been installed at Park Emergency Hospital, and a new one will be installed at Harbor Emergency Hospital, when it is rebuilt. Each Emergency Hospital will then have it's own autoclave.

Our accident rate is still remarkably low for the average 175,000 miles travelled annually.

Salary and commodity increases have increased the cost of operation, but otherwise the service and volume is fairly static.

LAGUNA HONDA HOSPITAL - 1966-67

Located on the western slopes of Twin Peaks, Laguna Honda Hospital serves the citizens of San Francisco in the specialized fields of internal medicine, physical medicine, and rehabilitation. Eighteen hundred and thirty-five, (1835), beds make Laguna Honda Hospital the second largest County hospital in California and an important segment of the hospital system of the City and County of San Francisco.

Laguna Honda was established by ordinance on March 10, 1866, as an ambulatory residence to care for the homeless and unemployed men of San Francisco. Since the day the residence was established, Laguna Honda has experienced a gradual functional change from an ambulatory residence to a hospital for the chronically ill. In 1867 an infirmary was added, and in 1908 a hospital section to care for the chronically ill. Bond issues financed the present hospital buildings in the late 1920's, and they were completely modernized in the late 1950's.

Continuing the functional change from an ambulatory residence to a hospital for the chronically ill, Laguna Honda Hospital added another new service in the current fiscal year. In March, 1967, Ward C-4 was opened as a pulmonary center to care for patients with chronic pulmonary and respiratory disorders.

The effect of the Federal Medicare and MediCal programs is still subject to appraisal. There have been conferences regarding doctors' billing and detailed patient billing. It is probably inevitable that not only patient billing, but also detailed hospital accounting and cost records will be put on electronic data processing equipment. Although such a change in record keeping will be more accurate and efficient, it will nonetheless encompass a considerable amount of additional work, requiring additional staff and purchase of modern record keeping equipment.

The following detailed report is a summary of the activities of Laguna Honda Hospital.

It is noted that there was a decline in the number of patient days in the fiscal year 1966-67. This was brought about by three causes:

1. In anticipation of the one-day nurses walkout in August, 1966, approximately seventy-five patients were released from the hospital and two wards were temporarily closed. This caused a temporary reduction in patient days.

2. The Federal law governing the application of the Medicare program and the State law (AB 5) more popularly known as State Medicare required for the first time that doctors in county hospitals establish a utilization committee for the purpose of reviewing the status of patients in county hospitals to determine their need for further hospitalization. As a result of the activities of our utilization review committee, there has been a noticeable increase in the number of discharges from this hospital, particularly in the rehabilitation section.

3. An accelerated referral program by our Social Service Department resulted in the transfer of a considerable number of patients to nursing homes, boarding homes and private residences, as their condition permitted and beds were available. This stepped-up program was made possible by an increase in the social service staff in the 1966-67 budget.

PATIENT DAY ANALYSIS

Service	Normal Bed Capacity	Patient Days 1965-66	Patient Days 1966-67
Hospital	1066	385,868	365,597
Modified Hospital	618	161,852	136,927
Rehabilitation Wards	72	12,205	15,697
TOTAL:	1756	559,925	518,221

BED UTILIZATION

The recognized national percentage of bed occupancy is 80%, and Laguna Honda Hospital has exceeded the national average for the fifth consecutive year. By services, the rate of occupancy is as follows:

Percentage of Occupancy
Fiscal Year 1966-67

Service	Percentage of Occupancy
Hospital	94.0
Modified Hospital	60.7
Rehabilitation Wards L-4 & O-4	59.7
Total Hospital	80.9
Average Daily Census	1420.

ADMISSIONS.

Service	1965-66	1966-67	%
Hospital	620	623	53.0
Modified Hospital	318	181	15.4
Rehabilitation Wards	192	372	31.6
	1130	1176	100%

Although admissions to the main hospital remained constant in 1966-67, there was a significant increase (93%) in the rehabilitation section. Even though the percent of occupancy is down from the peak year of 1961-62, admissions to the modified section (ambulatory patients) continued its downward trend, thus reflecting the transition from an ambulatory residence to a hospital.

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DISCHARGES.

The total number of discharges during the past year, including deaths, was twelve hundred sixty-four, (1264), an increase of seventy-one (71) over last fiscal year. Deaths declined from 295 to 246. Four hundred one (401) patients were discharged to their homes. One hundred forty-five (145) were transferred to nursing homes. One hundred (100) were discharged to hotels and boarding homes. The ultimate goal of Laguna Honda Hospital is to return as many patients as possible to their homes or to private convalescent homes and nursing homes. During the fiscal year 1966-67 we advanced a step toward this goal.

The average length of stay for patients discharged in 1966-67 was five hundred six (506) days, an increase of ten days over the previous fiscal year. Total discharge days was 654,328, of which 529,670 was for patients 65 years of age or over. The number of patients discharged 65 years or over was 733.

REVENUE.

The following is a tabulation of revenues received for the fiscal year 1966-67:

Account Number	Description		Amount
7611	Care of Patients		
	MAA	880,081.06	
	Other	915,641.49	
	Total 7611		1,795,722.55
7611A	Medicare	1,050,771.41	
	Rehab. - MAA	26,389.01	
	Rehab. - ATD	22,844.07	
	Total 7611A		1,100,004.49
7611B	Cal-Map	122,480.71	
	Total 7611B		122,480.71
7619	Miscellaneous Revenue		
	Meals	7,935.12	
	Fees	56.20	
	Other	500.14	
	Total 7619		8,491.46
9270 959.6	Laguna Honda Hospital Gift Fund		500.80
9712	Sales Tax		330.63
9801	General Government Expenditure Credits		214.65
	TOTAL REVENUE FOR THE YEAR		3,027,745.29
	Bureau of Delinquent Revenue		30,703.32
			* $3,058,448.61

*Does not include revenues received directly by Central Acctg. Office.
See next page.

The revenues shown on the previous page include for the first time the Federal Medicare program, the income from it was slightly in excess of one million dollars. Further revenues from the same source will, of course, be considerably less as the benefits accruing from the Federal program are quite limited.

During this fiscal year, the actual billing for patient care for the first nine months of the fiscal year was $3,711,300. The estimated billings for the last three months of the fiscal year were $1,555,877 for a grand total of $5,267,177. Since under the MediCal program revenues for patient care at this hospital are deposited with the Central Accounting Office in the Department of Public Health, revenues received will be shown in their financial report.

BILLING.

July 1966 - May 1967	$3,711,300.84	(actual)
April 1967 - June 1967	1,555,877.00	(Estimated)
	$5,267,177.84	

PATIENT DAY COSTS.

On July 1st, 1967, the Patient Day Rates were adjusted to reflect the current costs. These new rates will enable the City and County of San Francisco to take advantage of the Federal and State Funds that were made available under the Medicare and Medical Legislation. The new rates are as follows:

Service	Rates
Hospital	$18.41
Modified Hospital	12.88
Rehabilitation Wards	48.16
Modified Rehabilitation	30.55

MEDICAL DEPARTMENT.

The Medical Department is under the administration of the Medical Director and includes the Medical Staff, Rehabilitaiton Center, Diagnostic and Testing Departments, and Medical Records. The Medical Staff consists of five full-time physicians, nine part-time physicians, and a full range of consultants. A few services, genito-urinary, eye, and skin, are still provided in part by the University of California staff.

The demands of Medicare and Medi-Cal have not changed the high quality of care, but have added appreciably to the amount of paper work. Throughout the year there has been a shortage of physicians due to the shift of formerly indigent patients to private care, to the Vietnam war, and to low salaries. Fortunately, the salaries have been increased in the current fiscal year.

The Rehabilitation unit has continued to be effective although the patient census has decreased somewhat due to Medicare. During this year three hundred fifty-eight (358) patients have been discharged from this service. Again about 50% have gone to an independent living situation.

The admissions ward for ambulatory men, opened in March, 1967, has proved successful in developing a new type of medical and social planning for each patient admitted on this unit. Periodic reviews of these patients are held prior to their discharge. It is hoped that this will form the nucleus for an alcoholic treatment program in the future.

ACTIVITY REPORT.

Radiology Department.

The Radiology Department is staffed by a Senior X-Ray Technician, one X-Ray Technician and one Orderly. The department has the services of a consulting radiologist.

The activity of the Radiology Department besides radiograms, includes fluoroscoping abdominal and intravenous pylogram examinations. The following schedule shows the activities of the Radiology Department:

Radiograms	3751
Fluoroscopic Examinations	236
No. of patients radiographed	3147
Unites of Service	12217
Films used	7361

Clinical Laboratory.

The laboratory staff consists of one Chief Laboratory Technician, four Technicians and one Orderly. The laboratory is still performing tests in a program in which all patients receive a yearly check-up, including blood count and urinalysis. All culture media and reagents are made in the Laguna Honda Hospital laboratory and all blood is drawn by laboratory personnel.

For the fiscal year 1966-67 over 80,000 routine tests were performed.

Pathology Department.

The Pathology Department consists of the morgue, autopsy room and a laboratory. It is staffed by a tissue technician, part-time pathologist and a morgue attendant. The activities of the Pathology Department for the last fiscal year were as follows:

Surgical Specimens Processed	361
Surgical Slides Processed	566
Special Stains	267
Autopsies	66
Autopsy Slides Processed	1320
Special Stains	51

OCCUPATIONAL THERAPY.

Occupational Therapy is a modern and well-equipped therapeutic unit. It occupies an entire ward and has a complete kitchen unit and an adapted bathroom. It also has typewriters, looms, carpentry tools, a pool table, and a ping-pong table. These facilities and equipment are used by patients for therapeutic and recreational purposes. The staff consists of one Senior Occupational Therapist, four Occupational Therapists, and one Orderly, who give treatments for balance, endurance, maintenance functions, activities of daily living, household activities and functional activities. All treatments are measured in units of service and an occupational therapy unit is equivalent to fifteen minutes. In the last fiscal year, treatment units totalled 43,642.

PHYSICAL THERAPY.

The physical therapy facilities are large, sunny and easily accessible to all patients. It also has a large therapeutic pool where the patients receive range of motion and exercise in warm water. Physical therapy treatments include massage, therapeutic exercise, ultra-violet radiation, thermotherapy, ice pack diathermy, gait training, ultra-sound and microwave treatments. Patients are trained in the use of prosthesis. A physical therapy treatment unit is equivalent to 15 minutes and in the past year, a total of 48,821 treatment units were given.

SPEECH THERAPY.

Speech Therapy deals mainly with cerebro-vascular accident cases and helps the patient improve his ability to speak and to read with comprehension. If necessary, the therapist also trains the patient to write. The Speech Therapy Department consists of one trained Speech Therapist.

The department has started a hearing program, but due to lack of help it has been limited to a few selected patients. The speech therapy treatment units are equivalent to 15 minutes and in the past fiscal year 4466 treatments were given.

PHARMACY.

The Pharmacy is the most extensively used therapeutic facility of the hospital. It supplies the hospital with drugs, solutions, prescriptions and drug sundries from an adequate and varied inventory. The Pharmacy turned its inventory over six times in the last fiscal year and has enough drugs to last at least 40 days. This large turnover of stock keeps the inventory at a low cost, reduces spoilage and obsolescence and saves valued storage space. The Pharmacy keeps a record of all prescriptions and formularies. It is staffed by two licensed Pharmacists and one Pharmacy Helper.

The Pharmacy activities for 1966-67 were as follows:

Ward Requisitions (Individual items)	171,200
Other Ward Requisitions (Individual Items)	8,800
Individual Patient Prescription	2,600
Hypnotic and Narcotic sheets issued	3,600

NURSING.

The largest department of the hospital is the Nursing Department which consists of 597 Nurses, L.V.N.'s, and Orderlies. The quality of bedside care was improved by the addition of ten Registered Nurses in the 1966-67 budget. Additional improvement was accomplished by increasing the number of patients receiving passive range-of-motion exercises from 112 to 145. More than 255 patients are walked two and three times daily. The prevention of decubiti and the program of bowel and bladder training are continuing. A lifting team for the P.M. shift was also added.

During the current fiscal year, the nursing department initiated two committees known as the Procedure and Professional Performance Committees. The Procedure Committee consists of an Assistant Director of Nursing, a Nursing Supervisor, a Head Nurse and a Staff Nurse. All procedures are written by this Committee and reviewed by the Nursing Director. The Professional Performance Committee consists of three Head Nurses, four Staff Nurses, and the Nursing Director. This group meets monthly to discuss ways to improve patient care and inter-personnel staff relationships.

As a result of the one-day walk-out by Registered Nurses, the City and County increased the compensation for nurses by approximately $200 per month. This increase was very effective in recruiting nurses into the service so that at the close of the fiscal year all authorized nursing positions were filled.

MEDICAL RECORDS.

Laguna Honda Hospital has on its staff one Medical Record Librarian, who records care rendered by the hospital and medical staff. The medical records of Laguna Honda Hospital serve as a mean of communication between the medical staff and the professional groups contributing to the care of the patient. The medical records are also a very important source material for the analysis, study and evaluation of the quality of medical care rendered.

The routine activities of Laguna Honda Hospital Medical Record Librarian are

as follows: Daily processing of charts of discharged patients; maintenance of a disease and operation index; compiling of cumulative monthly statistical figures from daily census reports; preparation of a monthly statistical discharge analysis report; and participation in monthly meetings of the Utilization Committee, in which the Medical Records Librarian acts as secretary and consultant to this committee.

DENTAL CLINIC.

The Dental Clinic consists of the main dental clinic, laboratory and a waiting room. On July 1, 1967, the staff was increased to two part-time dentists and a dental aide. The space is limited, but the Clinic is well equipped and well supplied.

The function of the dental clinic is to examine new and old patients, provide care to preserve the patients health, correct pathological condition of the mouth including prosthetic repairs, perform operative dentistry and necessary X-rays.

The following is an activity report of the Dental Clinic:

Procedure	Total
Oral Examination	1291
Dental X-ray Examination	1386
Extraction	524
Scaling and Polishing of Teeth	521
Filling Selicate and Amalgun	332
Dentures, new	96
Dentures, repairs	140

FOOD SERVICE.

The Food Service Department is under the supervision of the Administrative Chef who supervises a staff of One hundred Ten, (110) employees in the preparation and service of food to patients and employees.

The menu of both general and special diets is varied, nutritious, and appetizing. Fresh meat, fresh fruit and vegetables are utilized in the daily menu and frozen vegetables are used in lieu of canned vegetables. Patients are served individually and their dietary needs are carefully watched and recorded.

Special prescribed diets are prepared by the chief dietitian. To date, Laguna Honda Hospital serves eleven different menus on medical prescription. During the past fiscal year, nearly two million meals were served. Raw food costs per patient were approximately 37¢, indicating good managerial control by the Food Service staff.

LAUNDRY.

The laundry's operating functions are divided into transportation, sorting, washing, pressing, and distribution. To operate efficiently, the laundry has to have adequate personnel to perform each function. Having sufficient personnel is a chronic problem. To help solve this problem, Laguna Honda Hospital has been utilizing some volunteer ambulatory patients. They have proven very unsatisfactory be-

cause of their high absenteeism. To help keep the laundry functioning smoothly, the Administrator sought approval and was successful in obtaining two Civil Service Laundry Workers.

Replacement of an ironer-folder, extractor, and bleach tank was approved in the 1967-68 budget. This new equipment when installed will help solve many of the production problems.

Total production for this fiscal year was 6,176,432 lbs., an increase of 1,034,094 over 1966-67. The production schedule for the laundry is as follows:

Service	
Laguna Honda Hospital Rough Dry and Flat	5,996.941
Presswork	104,502
Emergency Hospital	74,989
	6,176,432 lbs.

HOUSEKEEPING.

The Housekeeping Department is administered by the General Services Manager. His staff consists of Porter-foremen and Porters, Window Cleaners, and Incinerator Operators. Housekeeping and linen maintenance are the most important functions of the department. The routine housekeeping duties are keeping all enclosed areas clean (707,357 sq. feet), conserving of heat and electricity, promoting safety measures by observing and reporting dangerous conditions, cleaning windows and collecting and incinerating of garbage.

The control and circulation of linen is a very important function of the Housekeeping Department. Adequate supplies of clean linen must be maintained at all times throughout the hospital. To do this, new linen must be requisitioned, damaged linen withdrawn and repaired, soiled linen constantly picked up, and fresh linen delivered.

The special functions of the Housekeeping Division are transporting equipment, set-ups for assemblies, assembling and delivering new furniture, providing and maintaining a key system for the institution and performing other duties as assigned.

PSYCHOLOGY.

A total of Three hundred Sixty-one (361) new patients, excluding retests and hold-overs from previous fiscal years, were examined and evaluated in the Department of Psychology in 1966-67..Evaluations were made relating to brain damages, prognosis, intellectual level, areas of special competence or deficit, vocational counseling, A.T.D. applications, personality problems, and referral for psycho-therapy or mental hospitalization. In-Service training, staff conferences, instruction of vocational nurse trainees, liaison with community agencies, remedial education programs, interviews with relatives, and some psycho-therapy were also provided. Emergency out-patient follow-up was furnished but, because of the work load, this service was very limited in scope.

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VOLUNTEERS.

The intangible asset of excellent community relations is largely due to the efforts of the Volunteers. The monies collected from the membership are used for the benefit of the patients, excepting a small amount, which is used for stationery and postage. The Volunteer services for 1966-67 totalled 29,864 hours.

The Volunteer office is open Monday through Friday and all office work is done by Volunteers. New patients are welcomed and informed of the activities of the Volunteers. Records are kept of patients which may help the Volunteers make the patients more comfortable.

The daily activities of this service are many and varied. The Volunteers staff and supply a beauty salon, operate a clothing department, man a mobile library, and transport patients within the hospital. The largest daily activity is the craft shop. Over 200 patients a day are instructed in various crafts. The instructors are from the San Francisco Unified School District and the material is furnished by the Volunteers.

The Volunteers provide and sponsor group activities such as Bingo games, folk dancing, and sing-a-long groups. Groups are also taken to ball games, concerts, circuses, ice follies, picnics, ballets and dinners. Private organizations and church groups sponsor afternoon luncheons and teas.

Under the supervision of the Volunteers a Senior Citizens Group was organized. This organization is made up of patients over the age of 50. The Senior Citizens have their own officers, by-laws, and collect dues. They have taken several all-day trips and have had several parties.

The Volunteers organized the Little Theatre Group, which is made up largely from the rehabilitation patients, most of whom are in wheelchairs. They have presented five plays during the year and have gone into the community to give repeat performances. One of the plays was presented in Sacramento.

The Little Theatre Group has been very successful. The Volunteers presented the group with neck mikes and a portable sound system. They have helped with the scenery, costumes, and other production problems.

The Volunteers purchased twenty television sets which were placed in hospital wards. They also purchased armchairs with naugahyde cushions which were put in the halls and corridors. Small gifts and cigarettes are purchased and are given at Bingo games each week, and ice cream sundaes are purchased once a month.

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HASSLER HOSPITAL

PURPOSES AND OBJECTIVES

The major purpose and objective of Hassler Hospital is to provide good patient care to chronically ill patients. These patients usually have multiple diagnoses with disabilities requiring continuous or frequent skilled medico-nursing care which is supplemented by occupational and physical therapy, recreational, volunteer and church services.

The ultimate goal of most hospitals is the patient's recovery and his return to his home or the community. Although there are a number of patients regularly discharged to their home, unfortunately very few ever reach this plateau. Therefore, Hassler Hospital's primary objective is to advance and improve the patients condition even though he is to remain in a hospital environment.

PRESENT PROGRAMS

PATIENT STATISTICS:

Fiscal Year:	1962-63	1963-64	1964-65	1965-66	1966-67
Patient Days:	65,559	60,215	73,739*	76,471*	75,347*
Average Bed Occupancy:	180	164	202	209	206
Admissions:	137	121	231	151	128
Discharges	146	145	180	142	127
Rate of Occupancy (210 Beds)	85.6%	76.1%	96.3%	99.0%	98.0%

*The annual Patient Daily Census has remained stable since Hassler was changed to a chronic disease hospital.

A complete patient statistic for the fiscal year 1966-67 is available in the Annual Statistical Report.

FINANCIAL SUMMARY:

The financing of hospital and medical service at Hassler Hospital has materially changed in the last six years. The cost of operating this institution, formerly paid by the property owner of San Francisco, is presently paid by each patient through his own resources.

A brief review of this financial change-over shows on June 30, 1961, that the Hassler Accounting Department had recorded the collection of $1,700 for the entire year's services, while in the fiscal year just completed an expanded department recorded receipts of $1,561,000. This amount represents $414,000 in excess of the hospital's estimated revenue.

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AUTOPSIES:

Our pathologist, employed on a contractual basis, has performed autopsies in 26% of the deaths occurring in the past fiscal year. This is well within the requirement of the Joint Committee on Accreditation and also serves an educational purpose for the staff physicians.

RADIOLOGY:

The Radiology Department is under the direction of a physician-specialist in radiology and is staffed by an X-ray technician. The Purchaser of Supplies is presently drawing up a contract for the installation of a new, leased X-ray unit which has been approved in the current budget. This unit will replace one which is more than twenty-five years old and whose accuracy is questionable.

PHARMACY:

The pharmacy is staffed by a part-time pharmacist and performs a therapeutic service to the hospital. The activity of the pharmacy has grown in proportion to Hassler's increase in population and also as treatment of the chronically ill has become more sophisticated. The drug inventory is adequate and varied. The activities for the past year show 960 Hypnotic and Narcotic sheets issued and 6,264 drug items issued to the wards. The pharmacy must be relocated and expanded during the coming year.

VOLUNTEERS:

The newly organized Hassler Hospital Volunteer Program has contributed both the intangible benefits of improved community relations and the more tangible benefits of individual attention to the patients not available through the professional staff.

The daily activities of the volunteers range from just friendly visiting to instruction in crafts, grooming patients, helping with chapel services and group activities such as parties and luncheons, writing letters, reading to patients, playing checkers, bingo, and other games, and arranging for professional entertainment.

At Christmas, the volunteers purchased, wrapped and distributed many gifts to the patients. All wards, recreation areas and dining rooms were decorated, and an excellent Christmas party was staged.

FUTURE SERVICES

With the enactment of social legislation in 1965, the American Public witnessed the greatest change in the financing of hospital care and medical services. The passage of the national Medicare program, providing care for low income persons, the American Public is demanding more and better medical care and facilities.

It is primarily because of these medical programs that the City and County of San Francisco is no longer in a position to operate an institution at a minimum standard. In order to provide the patients of this hospital with a high standard, it will be necessary to look to our voluntary hospitals for a comparable standard.

COMPARATIVE PER DIEM RATES FOR LONG TERM CARE HOSPITALS:

Hospitals	Ward Rates
1. San Francisco Eye & Ear Hospital	$ 40.00 *
2. Notre Dame Hospital	32.00 *
3. Unity Hospital (Sutter Towers)	28.00 *
4. Canyon Hospital (San Mateo)	31.00
5. Hassler Hospital	22.70

* This is a base rate and does not include such things as pharmaceuticals, medical service and other ancillary services.

The Joint Commission on Accreditation of Hospitals has recognized the present services of the hospital with a three year certification. The California Medical Association has surveyed and approved the Medical Staff. In the approval of this hospital, both groups expressed not only continuation of the services at this present level, but recommended raising of the level of patient care. This thinking is also present in the federal reimbursement formula in providing a "Reasonable Cost" as determining the cost of the level of care which is provided. This is contrary to the European medical care programs which fix cost or service at a restrictive level.

In line with federal and state medicare trends Hassler Hospital wishes to provide the best care for the greatest number of our local community. This can be accomplished by raising the present level of patient care with a more complete employee staff, a better trained and supervised employee, replacement of obsolete equipment and improvement of the plant.

CONTEMPLATED PROGRAMS

NURSING SERVICE:

Areas in need of improvement:

1. Increase nursing supervisory staff
2. Add clerical personnel for nursing units
3. Replace obsolete hospital equipment
4. Construct four new nursing stations on Wards 5A, 5B, 6A, and 6B
5. Remodel Wards 1 and 2 for the intensive care of non-ambulatory patients.

The Nursing Service, although providing a good level of nursing care, has been continually hampered by a lack of supervisory personnel, cramped nursing stations, and out-moded equipment.

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NURSING SERVICE: (continued)

The Joint Commission on Accreditation requires the staffing of a Nursing Department as follows: "The minimum requirements for a nursing department are a Director of Nursing Services, Assistant to the Director for evening and night services, floor supervisors and an adequate number of professional and ancillary personnel for bedside care."

Sufficient new nursing supervisory positions should be authorized to allow the hospital to set up six nursing stations to reduce the responsibility on the general wards from about seventy to thirty-five patients and to allow the proper supervision of only seven or eight patient-care personnel. These new positions would also provide for a Head Nurse to supervise these wards on a seven day basis.

In addition, to reducing supervisory responsibilities, a clerk-typist should be provided to perform the routine clerical duties now assigned to Head Nurses. Approximately fifty different forms are used by the Head Nurse to operate a unit. The professional nurse is still required to requisition materials, supplies, linens, and drugs, and to perform other clerical duties such as routine communications between units and departments, obtaining signatures on patients' monthly income checks, and answering the telephone.

The remodeling of Wards 1 and 2 would provide units for acutely ill patients. The nursing personnel on the wards would be released from intensive care duty, thus providing better care to both the acutely ill and the chronically ill patient.

REHABILITATION SERVICE:

Areas in need of improvement:

1. Increase Occupational and Physical Therapy staff.
2. Establish additional rehabilitation and recreational areas.

There are patients presently in need of occupational, physical, and recreational therapy who are not receiving it due to lack of staff and facilities.

FIRE SPRINKLER SYSTEM:

The extension of the Hospital's automatic sprinkler system into the remaining ward areas has been recommended by the Joint Commission on Accreditation of Hospitals.

VENTILATION - WARDS 5 & 6:

A ventilation system will allow greater comfort for the patients.

OTHER ANCILLARY SERVICES:

The relocation and remodeling of the clinical laboratory, pharmacy, and administrative offices will provide additional space and improve the efficiency of these services.

COMMUNITY MENTAL HEALTH SERVICES

OVERVIEW

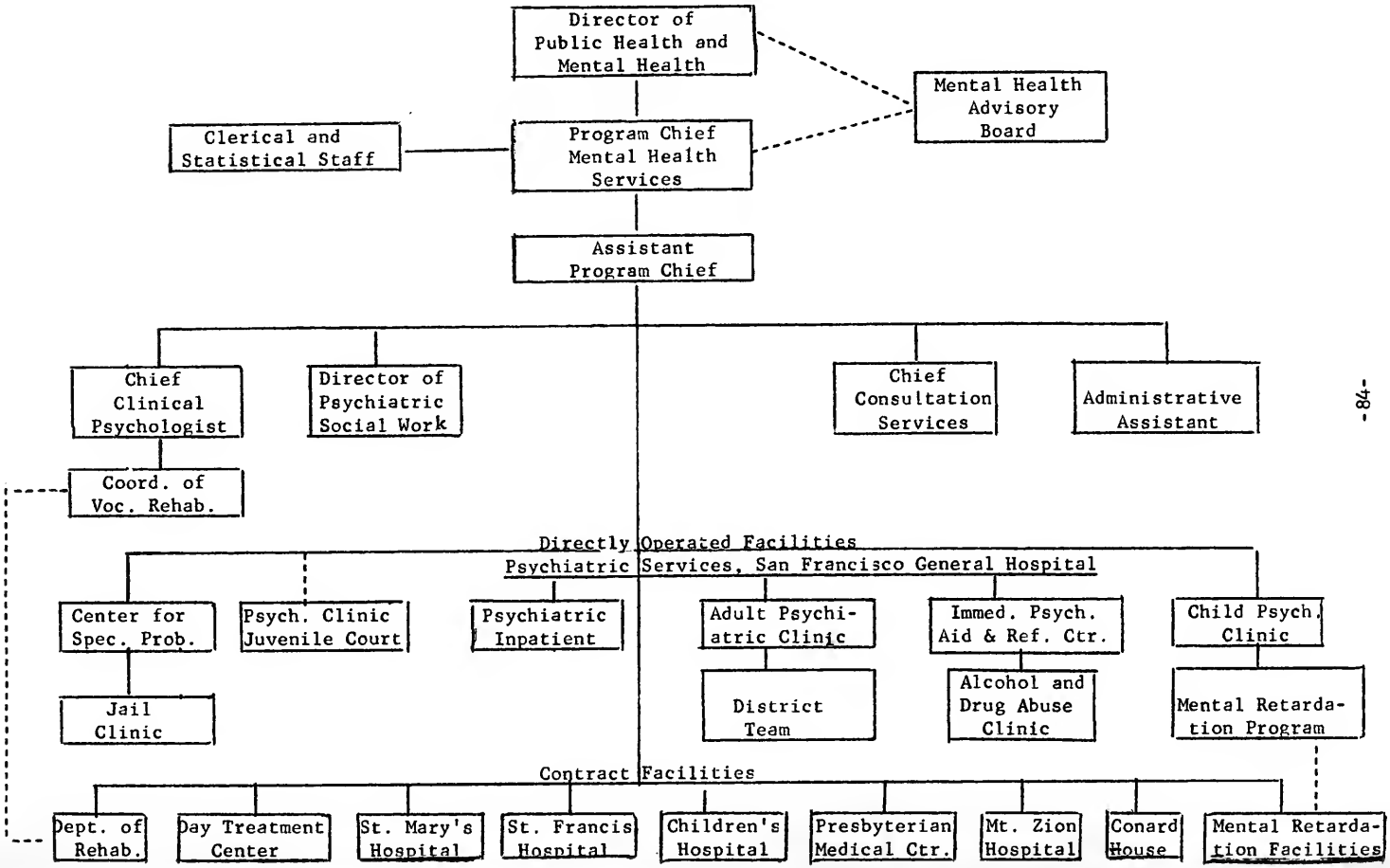
Change has marked the 1966-67 Community Mental Health Services program. It was the first full year of the tenure of the present Program Chief, Dr. J. M. Stubblebine. During the year there were new appointments to the positions of Assistant Program Chief, Clinical Director of Psychiatric Services at San Francisco General Hospital, Chief of Consultation Services, Director of Child Psychiatric Services, and Director of the Immediate Psychiatric Aid Center. New positions created and budgeted the previous year expanded the services of IMPAC, and the new District Mental Health Teams began their community work. A major development was the re-organization of clinical services at San Francisco General Hospital to reduce the impersonality sometimes found in large institutions. Another development was the continued expansion of the Center for Special Problems program from the treatment of alcoholics to that of drug abusers, sexual deviation, and related problems while retaining the focus on the many alcoholics needing treatment. Finally, the Child Psychiatric Clinic greatly increased its services to the mentally retarded by the establishment of a team for this purpose.

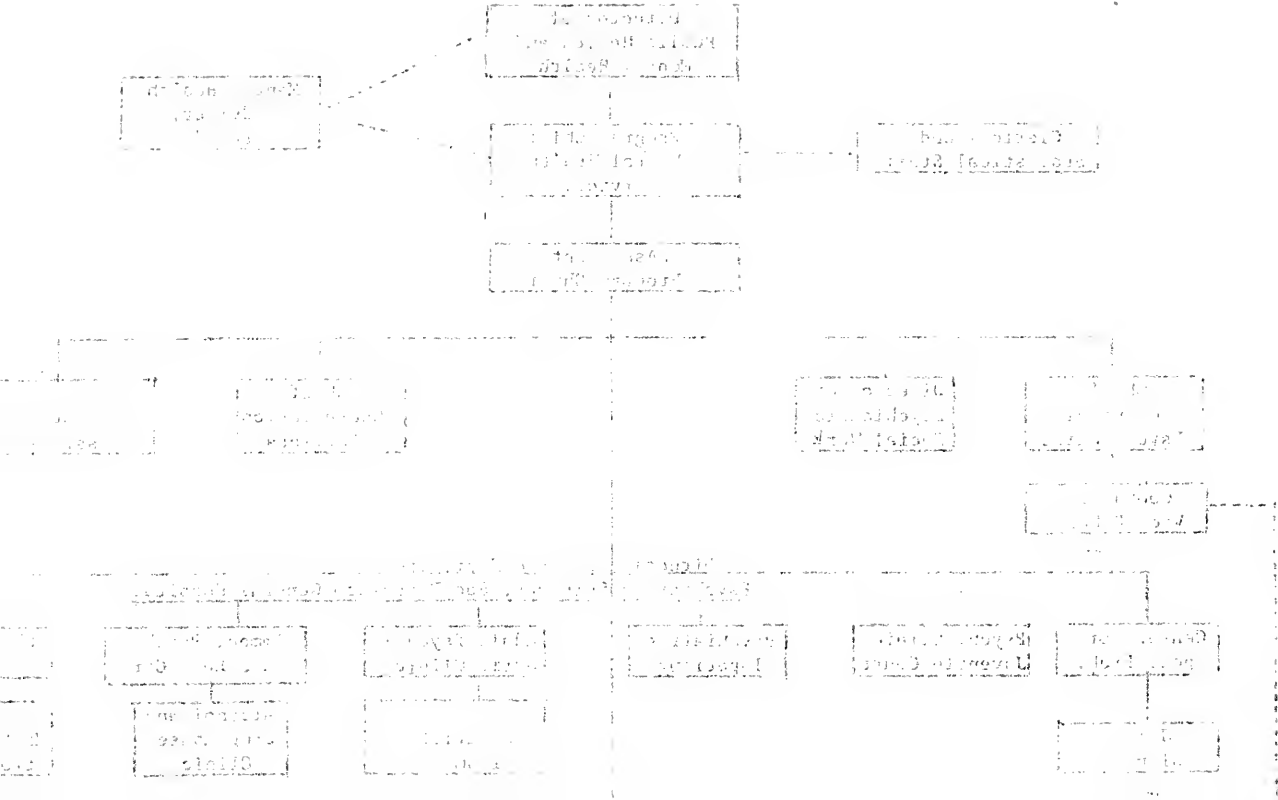
Overall, there has been a continued trend toward an increased patient load. The last available figures show an annual increase of 16%. The dramatic decrease in commitment rates to state hospitals from San Francisco has meant that our local facilities must provide the treatment. The community activities of Community Mental Health Services have increased. The availability of consulting services has increased and there has been a greater utilization of this service. In addition, the Program Chief has met with organizations about their programs in giving guidance and coordination to mental health activities in San Francisco. Providing leadership and bringing together the component parts of Community Mental Health Services into a smoothly functioning whole has been the goal of the Program Chief for 1966-67 and will continue to be for 1967-68.

ORGANIZATION

The Community Mental Health Services is one of the three major divisions of the San Francisco Department of Public Health. It works particularly closely with the Hospital Services Division by giving services at San Francisco General Hospital and the Public Health Services Division by consulting with the District Health Centers. Within Community Mental Health Services (see Organization Chart), there are four major directly operated facilities and nine private facilities with which the Department has contracts. Coordination of these facilities is provided by the Program Chief and the Assistant Program Chief with the assistance of the Chief of Clinical Psychologists, the Director of Psychiatric Social Work, the Chief of Consultation Services, and the Administrative Assistant. The Program Chief is responsible to the Director of Public Health and Mental Health and both are advised by the Mental Health Advisory Board on questions of program and planning.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH COMMUNITY MENTAL HEALTH SERVICES





DIRECTLY OPERATED SERVICES

PSYCHIATRIC SERVICES, SAN FRANCISCO GENERAL HOSPITAL:

This service has the responsibility of evaluating and treating all patients with acute psychiatric crisis not handled by other resources in the community. This averages 50 patients a day, seven days a week. The patients come with many complex social, legal and financial problems related to the emotional difficulties for which they are seen. The 1500 patients coming to the hospital each month are seen by a staff of 8 psychiatrists, 6 social workers, 4 psychologists, 4 psychiatric residents, and a sprinkling of registered nurses with psychiatric training. The main number of personnel are registered nurses and orderlies without psychiatric training who, though quite effective, deserve continuing in-service training.

An overall look at the number of patients served by the Psychiatric Services, San Francisco General Hospital, over the last four years shows:

	OUTPATIENT (IMPAC,APC,Alc.Scr.)	INPATIENT	TOTAL
1963-64	1,992	6,630	8,622
1964-65	2,379	4,902	7,281
1965-66	4,289	4,355	8,636
1966-67	5,536	3,592	9,128

The resources of the Psychiatric Services, San Francisco General Hospital, are the following:

Immediate Psychiatric Aid and Referral Center (IMPAC)

IMPAC is a walk-in clinic, open 8:00 A.M., to 11:00 P.M., for anyone seeking emergency psychiatric treatment. He will be seen by a psychiatrist or a psychiatric social worker. Treatment up to six interviews is provided by IMPAC, and then is discontinued after the crisis is resolved. If hospitalization is indicated, the patient is admitted to the Inpatient Service. If more than six interviews are needed, the patient is referred to the Adult Psychiatric Clinic. The demand for services is growing as indicated by number of patients served and the number of interviews in recent years:

	Patients Served	Patient Interviews
1963-64	1,455	3,507
1964-65	1,639	3,973
1965-66	2,061	6,027
1966-67	2,652	7,342

Additional functions of IMPAC include:

a) Speaking with family who wish to commit mental illness patients and making arrangements to interview those patients on whom an order for examination has been issued by the Judge of the Superior Court.

b) Maintaining a liaison with the state psychiatric hospitals in order to ascertain patient status and to arrange for transportation and admission of those patients committed to state hospitals.

c) Providing a screening service for referral from the City prisons in order to decrease the number of prisoner-patients on the psychiatric service and to report the finding to appropriate Court with recommendation for future care.

d) Providing, on selected cases, home visits by a trained Public Health nurse and correlating these activities with the Public Health Nursing Service.

The importance of IMPAC can be seen in its being the only facility in the State which offers such comprehensive services. It has played a major part in the reduction of number of patients who need to be committed. Many of these who were formerly hospitalized have been seen in crisis at IMPAC and have had the crisis resolved without recourse to inpatient care and have remained in this community rather than having been sent to state hospitals.

Perhaps the true mark of community acceptance and recognition of IMPAC can be told by the story of the woman, who, when boarding a municipal bus, appeared somewhat distraught. The motorman, noting her state, gave her accurate instructions to reach IMPAC where some help was immediately available.

Inpatient Services

Inpatient Service functions on four wards with a total of 96 beds. There are two old, overcrowded wards (90 Building) and two modern, well-planned wards (60 Building). The new wards will be demolished on the start of the new hospital construction. The number of patients make the psychiatric service the largest single service at the hospital, caring for about 25% of the total patient load in about 14% of the bed capacity of the hospital.

The major change in the treatment approach was made in April, 1967. Working closely with IMPAC, the practice of vertical staffing was introduced. Under this program, the professional staff member with whom the patient makes his first hospital contact remains the patient's therapist for the entire treatment. This means that the therapeutic contact is initiated sooner and that the patient does not have to see one person at IMPAC, another on the wards, and a third person after discharge. The continuity of service which reduces the confusion of an already stressed patient and allows him to develop trust and confidence in his therapist, is the most modern approach to psychiatric treatment.

Each of the four Inpatient Services has developed a complex day and evening program providing milieu-activity therapy with patient meetings daily, small groups and individual sessions. Partial hospitalization, which permits the patient to participate in activities but enables him to go home to his family at night and frees an additional bed for use by other patients, has been introduced. The flexibility of programming and staffing has led to a more dynamic program than has ever been achieved on our inpatient services. A picture of the number of patients admitted to the Inpatient Service in more recent fiscal years is as follows:

	Number of Patients Admitted	Number of Days at Hospital
1963-64	6,630	41,790
1964-65	4,902	43,356
1965-66	4,355	43,553
1966-67	3,592	39,566

The reduced number of patients on the Inpatient Service over the last three years has meant an increased effectiveness in treatment and a moving away from the snake pit atmosphere prevalent three or four years ago. Since, this year, a larger total number of patients were seen by the Psychiatric Services, the patients were receiving better crisis treatment, on an outpatient emergency basis, and this reduced the need for hospitalization. It is easier and takes less time to hospitalize a patient, but for the overall care of the patient and reduction of hospital cost the non-institutionalization of the patient is the treatment of choice.

The summing up of changes in the inpatient services over the last year cannot be done by statistics, but by pointing out that the general atmosphere on the wards is that of vitality and interest. Visitors and ex-patients who return to the hospital remark on the general sense of expectation that people will get better. Striking, too, is the negligible use of restraint or seclusion, and a concomitant reduction in instances of injury to patients or staff. Another mark of improvement: Interns rate the psychiatric service as one of the best on their rotations.

Alcohol and Drug Abuse - Screening Unit

The Alcohol and Drug Abuse Screening Unit was established in 1964 at the San Francisco General Hospital in proximity to the Psychiatric Services in order to screen and refer the large numbers of primarily alcoholic patients who were formerly, often unnecessarily, admitted to the psychiatric wards and committed to state hospitals. The unit has been effective in contributing to a more efficient referral and transfer of such patients, many of whom proved to be treatable as out-patients at the Center for Special Problems, or who were more appropriately treated in the medical ward at the hospital, or more recently, in the detoxification unit. Many other kinds of referrals are also made. The unit is staffed by one full-time physician, 2 PSWs and a half-time nurse. The number of patients served has been:

	Patients Served	Number of Interviews
1964-65	119	186
1965-66	1,524	3,741
1966-67	1,956	2,303

Adult Psychiatric Clinic

The Adult Psychiatric Clinic was established in 1955 by Ordinance No. 9202, "to conduct an outpatient service for the observation, diagnosis and temporary treatment of persons eligible for hospitalization in the Psychiatric Division, but not required at the time of receiving outpatient service to be hospitalized, and for the observation and further temporary treatment of patients after hospitalization."

The Adult Psychiatric Clinic thus became the clinic to which patients from inpatient service were discharged for follow-up care. Over the last twelve years two major programs have developed. The first program is long-term group therapy which is now one of the most extensive in the City. The second program developed out of the shortage of treatment time available in the private and voluntary agencies of the City. The Adult Psychiatric Clinic began a short-term individual

treatment program designed for the acutely disturbed patient who would have needed hospitalization if immediate treatment were not available. Up to three months of weekly therapy was provided. It was expected that the patients would return for further care when another crisis occurred, but the re-admission rate over a five-year period was only 19% of the total admissions.

The philosophy of the clinic crystallized into that of providing a gamut of treatment for the psychotic patient aimed at achieving maximum restoration to health. In keeping with this, there has developed a Medication Clinic in which patients are seen for approximately 15 minutes once a month when they were adjusting well, and more often, if it appeared that they are relapsing. This program has sufficient time to handle a caseload of approximately 110 patients; rehospitalization and dropouts have been minimal.

The total caseload for the Adult Psychiatric Clinic over the last several years is as follows:

	Number of Patients Served	Number of Interviews
1963-64	537	8,215
1964-65	621	8,000
1965-66	704	8,202
1966-67	928	10,903

The staff now consists of 4.5 psychiatrists, 3 social workers and two clerks.

District Mental Health Teams

Two District Teams, consisting of a psychiatrist and psychiatric social worker, have been in operation since July 1966. One team is located in the District I Health Center and serves the Eureka-Mission area. The other team, Chinese-speaking, is located in its own offices on the second floor of an apartment building at 511 Columbus Avenue. This team serves Health District IV. The teams have been providing crisis treatment and evaluation in the neighborhoods, making home visits, and providing consultation to various agencies within their geographic area.

SUMMARY OF PSYCHIATRIC SERVICES, SAN FRANCISCO GENERAL HOSPITAL

No concluding statement can be made of Psychiatric Services at San Francisco General Hospital without a look at the commitment rates over the past four years:

	Number of Commitments
1963 -	1,557
1964 -	1,439
1965 -	1,055
1966 -	470

The credit for this remarkable reduction rests with the judges and with the staff of the Psychiatric Services who provide the active treatment to the patients. The patients who were sent out of the City to state hospitals, under commitment, are now being treated in our City facility so that there is no longer the loss of civil rights and self-esteem that is so often a part of the commitment process.

The goal of better treatment in a local setting is part of the Community Mental Health Services plan despite the increased number of patients and the extra work burden placed on the staff.

CENTER FOR SPECIAL PROBLEMS

The Center for Special Problems, located at 2107 Van Ness Avenue, was established in 1951 as the Adult Guidance Center and is now an out-patient psychiatric and medical clinic, devoted primarily to the treatment and rehabilitation of patients who have problems in the areas of:

1) Alcoholism and alcohol-related disorders

2) Drug abuse and dependency, including barbiturates, stimulants, narcotics, marijuana, LSD, tobacco, etc.

3) Sexual deviations, including homosexuality, promiscuity, prostitution, exhibitionism, transsexualism

4) Criminality

The treatment and rehabilitation program includes a variety of services. Psychiatric, medical and psychological evaluation and diagnosis are provided whenever indicated, and precede treatment planning which is necessarily individualized because of the variety and complexity of the above problems. Medical and psychopharmacological treatment are available for the relief of symptoms of acute and chronic alcoholic intoxication, drug abuse and associated emotional disorders. Individual and group psychotherapy are offered to patients and their family members when appropriate. Other services provided include social services, vocational counseling, and referrals to and from AA, Day Treatment Center, VD clinic. San Francisco General Hospital. Mendocino State Hospital, and Halfway Houses.

Four evening orientation meetings are held for patients, relatives and the public:

1) Your Special Problem: How it developed and what to do about it

2) Medical Aspects of Alcohol and Drug Abuse

3) "Self-Help" Approaches: Alcoholics Anonymous, Synanon, and 7th Step

4) Social and Emotional Aspects of Your Problem

These sessions are held at the Center every Monday and Thursday from 7:30 P.M. to 8:30 P.M., and can be started at any point in the series.

A picture of the number of patients and frequency of patient visits over recent years is as follows:

	Patients Served	Patient Interviews
1963-64	2,437	18,047
1964-65	2,108	17,110
1965-66	2,986	20,572
1966-67	4,257	25,487

Any person who comes voluntarily is eligible to apply for treatment. However, new applicants who apply only for immediate relief of intoxication symptoms are usually referred elsewhere since this is not a medical emergency treatment center. There is often a short wait to begin individual or group therapy but there is no delay for other services. Most new patients begin with a medical evaluation and are invited to attend the orientation meetings which are devoted to various aspects of alcohol and drug abuse, and further education of clinic services.

The staffing provides for 5.5 psychiatrists, 1 internist, 2.5 psychologists, 11 social workers and 4 nurses.

San Bruno Jail Branch Clinic

Services to all misdemeanor prisoners at San Bruno Jail and at City Jail #1 and #3 of the Hall of Justice are available at this clinic. The staff gives group orientation sessions and offers short-term psychotherapy counseling, casework, and drugs for seriously disturbed prisoners. The group therapy program now includes young criminal offenders and addicts. Additionally, closer working relationships are developing with the jail staff and joint meetings are being held. The clinic is presently staffed by a part-time director, another part-time psychiatrist, 2 part-time social workers, and a part-time psychologist from the CSP staff.

The amount of direct service provided in recent years is:

	Patients Served	Number of Interviews
1963-64	633	2,363
1964-65	760	2,407
1965-66	1,119	2,855
1966-67	1,160	4,200

CHILD PSYCHIATRIC CLINIC

The Child Psychiatric Clinic, located at 1500 Grove Street, is an "open door" clinic for helping San Francisco children up to 18 years of age. Historically one of the oldest clinics, it has served San Franciscans since 1917. The clinic which sees parents and families as well as children accepts every family on a "no-wait" basis. About one-fourth of the families are self-referred and the rest come from other agencies, especially from Public Health nurses and teachers.

Several years ago the clinic offered long-term psychotherapy to families which, because of the limited staff, resulted in long waiting lists. A change has been made so that now everyone requesting service is seen, and help is given with the immediate problem or crisis. Then service is discontinued; it is started again if another crisis occurs. This program permits many more families to be seen, without extended services being given, except in special circumstances. A review of the statistics from this clinic shows the extent of services in recent years:

	Patients Served	Number of Interviews
1963-64	1,300	7,705
1964-65	1,620	9,779
1965-66	1,668	9,815
1966-67	1,523	10,903

Examples of the family problems dealt with are: difficulties in parent-child relationship, role and authority confusion, and difficulties in communication between family members in solving problems. Examples of children's symptoms are: bedwetting, nailbiting, tantrums, stammering, excessive fighting, sexual offences, learning problems, truancy, fearfulness and depression.

Chinatown Branch

This branch of the Child Psychiatric Clinic which was started in 1963 has offered an important resource for the Chinese-speaking community. Currently, it is being integrated into the District Health Team.

Hunter's Point Branch

In 1964 the Child Psychiatric Clinic established a branch located in the same building as the Health Center. Two staff members have provided part-time direct and indirect services to residents of this area. The particular value of this branch lies in the fact that the residents of the Hunter's Point area are provided clinical services close to their homes.

Mental Retardation Program

The Mental Retardation Program was established on July 1, 1966. It was staffed during the year and is currently made up of a psychiatrist in charge of the program, a psychologist, three social workers, and two rehabilitation counselors. The program is collaborating with the Coordinating Council on Mental Retardation in identifying gaps in services to the retarded in San Francisco and is offering assistance in upgrading programs and developing services not presently given by any agency. It is expected that the functions of the Information and Referral Service will be taken over by the Program next year. This year was spent in becoming fully acquainted with the mental retardation problems in the community and offering some direct and indirect services within the setting of other agencies.

PSYCHIATRIC CLINIC - SAN FRANCISCO JUVENILE COURT

This clinic has been functionally integrated with Community Mental Health Services since July 1, 1966. It is administered by a psychiatrist, has two additional full-time psychiatric positions; four psychologist positions; and one social work position.

The program consists of direct services comprised of diagnostic evaluation and psychiatric treatment. These services are furnished children and related adults referred by the Court directly, or through the Probation staff, the Juvenile Hall staff, the Log Cabin Ranch School staff. The clinic participates in rehabilitative planning for both delinquent and dependent children. Individual and conjoint family treatment are provided.

Indirect services include meetings with the Judge, Referees, Probation staff, Juvenile Hall staff, Log Cabin Ranch School staff, and agency workers dealing with Court-involved children and related adults (Department of Social Services, Catholic Social Service, Homewood Terrace, School Department personnel, and private agencies).

Information and educational services are furnished the Juvenile Court staff, parent-teachers groups, and professional and non-professional community organizations.

Clinic staff members spend considerable time and effort in expanding mental health services by education-consultation of Juvenile Court personnel. Probation Officers receive on-going supervision in conducting regular group-counseling of probationers. Similar services are furnished counselors in Juvenile Court who regularly conduct group counseling in detention cottages. Clinic staff members are involved similarly in group counseling sessions being conducted with groups of parents, including one group whose sons are awaiting placement in Log Cabin Ranch School, and another group whose sons are residents at Log Cabin Ranch School. Recently clinic staff members assisted Probation Officers in conducting monthly group-counseling with some foster-mothers caring for Court wards.

The following is a summary representing services rendered in recent years:

	Different People Receiving Clinic Services	Diagnostic Examinations	Individual Treatment	Group Counseling	Case Conferences	Cottage Conferences
1964	1,090	1,215	887	205	691	153
1965	1,312	1,296	863	542	847	105
1966	1,108	1,265	489	486	559	196

CONSULTATION SERVICES

Mental health consultation services are provided to other care-taking agencies within the community and not directly to individual patients. The goal is to help the non-psychiatric caretakers intervene more effectively in the lives of their clients, particularly at times of crisis. Early and effective intervention prevents the mental health problem from becoming severe enough to require psychiatric care. It is hoped that by use of preventive methods that the ever-increasing number of patients seen at direct service facilities can be reduced.

During the 1966-67 year consultation services were initiated and expanded in a number of public and private agencies. Some agencies already receiving consultation, such as the Department of Social Services, had their number of consultation hours increased. Other organizations which have started to receive consultation during this year include several half-way houses, the Head Start Program and the Health Teams of the EOC, the Adult Probation Department, Goodwill Industries, the Catholic Archdiocese School Program, and the Pediatric Service at San Francisco General Hospital. A picture of the hours of consultation and the number of different consultations that have been given in recent years can be seen by the following chart:

	Hours per Year	Number of Consultations
1963-64	1,156	28
1964-65	1,364	30
1965-66	1,560	33
1966-67	1,744	44

A view of the contribution to the consultation program made by the various clinics and disciplines in Community Mental Health Services can be obtained from this chart showing the hours per month of consultation:

	Administration	APC	CSP	CPC	Inpatient Service	Residency Program	Total
Psychiatrist	22	40	6	40		4	112
Psychologist	10			16	1		27
Social Worker	16	4	5	8			33
TOTAL	48	44	11	64	1	4	172

PSYCHIATRIC RESIDENCY PROGRAM

On July 1, 1966, the Psychiatry Residency Program was launched under the direction of the Program Chief and the Residency Training Officer. This residency is the first psychiatric program in the country which is built into the framework of a community mental health service. The objectives of the program are: (1) to provide candidates with a sound foundation in general clinical psychiatry; and (2) to inculcate them with the specialized attitudes, knowledge and skills useful in the rapidly growing field of community mental health.

To achieve the training objectives, candidates receive didactic instruction at Langley Porter Neuropsychiatric Institute (all candidates are post-graduate Fellows of the University of California Medical Center), at Napa State Hospital, and from psychiatrists in the San Francisco Community Mental Health Services, most of whom hold faculty appointments at the University of California. Basic clinical material is provided through a three-month rotation at Napa State Hospital, and subsequent rotations through various facilities of the San Francisco Department of Public Health, including (1) the Psychiatric Inpatient Service at San Francisco General Hospital; (2) the Adult Psychiatric Clinic; (3) the Child Guidance Clinic; (4) the Center for Special Problems; (5) the Youth Guidance Center; and (6) the neurology service at San Francisco General Hospital. Additional clinical experience is available on an elective basis. In all rotations close supervision is provided by experienced psychiatrists.

In the first year of the program three candidates were accepted for training; two at the first-year level and one at the third-year level. All have expressed satisfaction with their training. As the second year of the program begins, five residents are now in training and two more are expected to join the program shortly.

The program is funded primarily by a grant from the U.S. Department of Public Health, through the National Institute of Mental Health. The initial grant was for three years but recently a seven-year grant was awarded.

During its first year of operation the program was approved for two years of training by the American Medical Association and the American Board of Psychiatry and Neurology. However, these agencies now have approved the full three years of training, indicating unusually rapid acceptance of the program and auguring well for its future success.

CONTRACTUAL PSYCHIATRIC SERVICES

San Francisco Community Mental Health Services has one of California's most extensive programs of contracting with other agencies for psychiatric services. During 1966-67 the number of patients seen by these agencies was 3,130, for which they were reimbursed $590,328. The trend is to a leveling-off of funding in this area. In 1965-66 the growth of contractual services was 4% and in 1966-67 there was a 1% decrease.

CHILDREN'S HOSPITAL - CHILD GUIDANCE CLINIC

In the 1966-67 year 530 patients were seen under Community Mental Health Services funding. The former Program Chief of Community Mental Health Services was appointed Chairman of the Department of Psychiatry. Newly established is an Adult Outpatient Department, eligible for funding but for which no funds are currently available. The Child Guidance Clinic is located in a new building and is continuing its program. The training of child psychiatric residents has been maintained and new plans are being prepared for training social work graduate students.

MCAULEY NEUROPSYCHIATRIC INSTITUTE

Two services receive funding at McAuley Institute. The Children's Inpatient service has served 148 children under 8 years of age and is the only CMHS-connected facility offering inpatient service for children. Referrals to Napa State Hospital Children's ward, from San Francisco, are minimal due to this service. The Outpatient Clinic saw 1,017 adult patients last year and were reimbursed by Community Mental Health Services for 514. In addition, the Outpatient Clinic saw 351 children and were reimbursed for 176.

MT. ZION HOSPITAL - OUTPATIENT DEPARTMENT

One thousand ninety-one (1,091) patients were seen that were reimbursed by Community Mental Health Services. The total load for this clinic was 1,620. Emphasis is on individual psychotherapy but group therapy as well as techniques to produce environmental change are used. Priority is being given to patients coming from poverty areas and there has been a slight increase in the number of these patients. As in the other medical clinics at Mt. Zion there has been an increasing commitment to encouraging patients from the area surrounding the hospital to use the clinic facilities.

PRESBYTERIAN HOSPITAL - OUTPATIENT DEPARTMENT

The Presbyterian Outpatient Department has continued to see about the same number of patients but an increasing number of them are coming from San Francisco and are eligible for Community Mental Health Services reimbursement. In 1966-67 there was reimbursement for 178 patients in a total caseload of 282. There continues to be a wide spectrum of problems for which patients come to the clinic, and a slight reduction of acute cases was noted. The group therapy program was expanded in the past year.

[illegible]

SAINT FRANCIS HOSPITAL - OUTPATIENT DEPARTMENT

Two hundred twenty-five (225) reimbursed patients have been seen out of a total caseload of 263. There is a new psychiatric director and in 1966-67 a shift has been made to focus on Chinese patients, especially the chronically ill who have not had previous care. Frequent use is made of family and conjoint therapy techniques in addition to the usual programs.

AID RETARDED CHILDREN, INC. - PRESCHOOL TRAINING CENTER

This Center, which first received funds from Community Mental Health Services this year, serves sixteen families with children functioning at a retarded level. The children are 4-8 years old and attend five days a week. The goal of the Center is stimulating growth in the children's abilities, and preparing them for school. Coordinating with the CMHS Mental Retardation Program, parent discussion groups have been introduced.

CONARD HOUSE

Conard House is a half-way house with 20 beds. In addition, 200 people, many of whom are ex-residents, participate each month in the evening social programs. The trend toward use of this facility by patients who are severely ill has been noted. Conard House is now working with patients that previously were thought would be impossible for a half-way house.

PSYCHIATRIC DAY CENTER OF SAN FRANCISCO

The Day Center, which is 8 years old, is located in a house in a residential area at 620 Balboa. Eighty-four patients were seen by this day-treatment center; 65 reimbursed by Community Mental Health Services. Emphasis is on the practical approach to life with patients who tend to be isolates. Group psychotherapy, occupational therapy, and medication is given at the Center in addition to an active recreational program.

RECREATION CENTER FOR THE HANDICAPPED

This year was the first in which the Recreation Center has had a contract with Community Mental Health Services. This program, which has an enrollment of 428 people ranging in age from 2 to 80, serves severely retarded people. The Center is operated 6 days a week from 9:00 A.M., to 9:00 P.M., and participants usually come 3-4 days a week. Groups, divided by age, participate in educational, recreational (e.g., day and residence camping) and vocational training activities. Some children, recently released from Sonoma are learning to read and write. This program also works closely with the CMHS Mental Retardation Program.

DIRECTIONS

The concept of the Community Mental Health Center, for both urban and rural areas, is advanced by most modern planners in the field of psychiatry. Briefly, this concept calls for total mental health services in a geographical "catchment" area no larger than 200,000 population. The aim also is to have treatment facilities that are relatively small in size and are easily accessible. Federal legislation provides partial funding for both construction and staffing.

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[illegible] Mental Health Services [illegible] located in [illegible] the [illegible] and [illegible] from [illegible] research discussion [illegible]

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[illegible] house in a residential [illegible] day-care center [illegible] changing [illegible] so the [illegible] Young people [illegible] in addition [illegible]

[illegible] [illegible] the [illegible] counselor [illegible] which [illegible] mental [illegible] people. [illegible] and [illegible] participate in [illegible] and volunteers [illegible] are learning [illegible] with the [illegible] Mental Health [illegible]

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Community Mental Health Services in San Francisco wholeheartedly approves the concept, but has been in a dilemma about methods of implementing it for several reasons. First, unlike rural and many suburban areas, there are independent institutions offering mental health services in the community, so that coordination becomes a priority goal. It is easier to establish a center where no previous services exist and it is foolhardy to establish one regardless of what other services are already available in the "catchment" area. The dilemma is further compounded by the aim of reducing the isolation of psychiatric services from medical services, especially at San Francisco General Hospital. In planning for the new hospital a great effort is being made to coordinate psychiatry with medicine. Community Mental Health Centers, while they allow much greater community participation, discourage psychiatric-medical unity.

To meet this dilemma and get the most out of the Community Mental Health Centers concept for San Francisco, we have moved in the direction of setting up six potential catchment areas. Five are comparable to the current health districts: Alemany-Bayview; Westside; Northeast-Downtown; Sunset; Eureka-Mission; and the sixth surrounds Mt. Parnassus and would be the catchment area for a Community Mental Health Center under the auspices of Langley Porter Neuropsychiatric Institute. The Westside area, which has the largest number of mental health facilities, has formed a consortium of public and private agencies in order to establish a Community Mental Health Center. The organizations in the consortium include Mt. Zion Hospital, McAuley Institute-St. Mary's, Presbyterian Medical Center, Department of Mental Hygiene's San Francisco Day Treatment Center, CMHS' Child Psychiatric Clinic, California Medical Clinic for Psychotherapy, Jewish Family Service Agency and the Family Service Agency.

The Alemany-Bayview district and the Eureka-Mission districts are geographically near the new San Francisco General Hospital and a grant request will be prepared in 1967 for the establishment of two Community Mental Health Centers, using the hospital as their base. At this time, no plans have been made for Sunset and Northeast-Downtown districts but it is our anticipation that during the coming year a Community Mental Health Center plan will be developed to meet the individual needs of each community.

In looking ahead to our major focus in the year ahead, it will be to see that specialty services are adequate in our own community. As the State Hospital system is prepared to provide less adequate treatment in the area of geriatrics, alcoholics, and children's facilities, it will be incumbent upon us to see that in our own community these patients are not let down. We plan to do all we can to provide the services that will enable these patients to reach their own healthy potential - a right to which they are entitled.

[illegible]

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
STATISTICAL REPORT OF SERVICES PROVIDED BY ALL CMHS PUBLIC AND PRIVATE FACILITIES
DURING FISCAL YEAR JULY 1, 1966 - JUNE 30, 1967

PSYCHIATRIC OUTPATIENT CLINICS

A. Public Psychiatric Clinics

	Adult Psych. Clinic	Health District Teams* HD-I	Health District Teams* HD-IV	Child Psych. Clinic	Mental Retardation Unit*	Psych. Aid & Refer. Center	Alcoh. Scrng. Proj.	Center Spec. Probs.	CSP Jail Clinic	Juvenile Court**	Total Outpat. Clinics
1. Number of Patients Served											
Initial caseload	416[x]	0	0	863	0	144	0	807	123	0	2,353[z]
Admissions and readmissions (except fiscal year re-admissions)	512[x]	-	-	660	85	2,508	1,956	2,290	1,037	941	9,989[z]
Total no. of open cases	928[x]	-	-	1,523	85	2,652	1,956	3,097	1,160	941	12,342[z]
No. of patients seen	859[x]	-	-	1,165	72	2,560	1,869	2,880	1,156	941	11,502[z]
No. of collaterals seen	116[x]	-	-	559	45	335	434	61	0	262	1,812[z]
Total persons seen	975[x]	-	-	1,724	117	2,895	2,303	2,941	1,156	1,203	13,314[z]
2. Number of Person-Interviews Provided											
Individual person-interviews	6,373	198	300	5,135	453	7,244	4,878	17,653	3,044	1,636	46,914
Conjoint family pers-intervws	789	36	253	1,727	84	98	0	497	4	15	3,503
Group person-interviews	2,858	0	96	226	129	0	0	3,137	1,152	0	7,598
Total person-interviews	10,020	234	649	7,088	666	7,342	4,878	21,287	4,200	1,651	58,015

*Commenced operation this fiscal year.

**Became part of CMHS July 1, 1966.

[x]Includes persons served by the two Health District psychiatric teams.

[z]Since there is no central patient register, this figure is inflated by an unknown number of patients who were served in more than one facility during the year.

B. Private Psychiatric Clinics

	Child. Hosp.	McAuley Psych. Clinic	St. Francis Psych. Clinic	Presby. Psych. Clinic	Mt. Zion Psych. Clinic	Total Outpat. Clinics
1. Number of Patients Served						
Beginning caseload	218	641	83	151	847	1,940*
Admissions and readmissions (except fiscal year readmissions)	424	727	180	131	787	2,249*
Total no. of open cases	642	1,368	263	282	1,634	4,189*
Short-Doyle cases only	530	690	225	178	1,091	2,714*
S-D percent of all cases	82.6%	50.4%	85.6%	63.1%	66.8%	64.8%
2. Number of Person-Interviews Provided						
Individual person-interviews	9,225	6,315	2,820	4,391	19,723	42,474
Conjoint family person-interviews**	2,717	3,384	1,350	189	1,576	9,216
Group person-interviews	674	5,436	716	1,257	707	8,790
Total person-interviews	12,616	15,135	4,886	5,937	22,006	60,480
Short-Doyle interviews only	10,837	10,774	4,459	5,753	18,740	50,563
S-D percent of all interviews	85.9%	71.2%	91.3%	98.6%	85.2%	83.6%

C. All Psychiatric Outpatient Clinics

Total no. of open cases	16,531*	Total person-interviews	118,495	Average no. of interviews per case:	
Short-Doyle cases only	15,056*	S-D interviews only	108,578	for total caseload	7.2
S-D percent of all cases	91.1%	S-D percent of all interviews	91.6%	for S-D caseload only	7.2

*Since there is no central patient register, this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

**Estimated.

PSYCHIATRIC INPATIENT SERVICES

	A. Public Facility San Francisco General Hospital Psychiatric Wards	B. Private Facility McAuley NPI Children's Ward	C. All Facilities Total Inpatient Services
Beginning caseload	132	13	145
Admissions and readmissions (except fiscal year readmissions)	3,460	270	3,730
Total no. of open cases	3,592	283	3,875
Short-Doyle cases only	3,592	148	3,740
S-D percent of all cases	100.0%	52.3%	96.6%
Total days hospitalization provided	39,566	6,616	46,182
Short-Doyle days only	39,566	2,690	42,256
S-D percent of total days	100.0%	40.7%	91.5%

PSYCHIATRIC REHABILITATION SERVICES (ALL ARE PRIVATE FACILITIES)

	Psychiatric Day Center	Conard House	Total
Beginning caseload	52	19	71
Admissions and readmissions (except fiscal year readmissions)	33	38	71
Total no. of open cases	85	57	142
Short-Doyle cases only	65	55	120
S-D percent of total cases	76.5%	96.5%	85.0%
Full days care	3,738	7,156	10,894
Half days care	1,585	0	1,585
Total days care provided	4,530	7,156	11,686
Short-Doyle days only	4,021	6,378	10,399
S-D percent of total days	88.8%	89.1%	89.0%

TOTAL CMHS PUBLIC AND PRIVATE PSYCHIATRIC SERVICES

	Psychiatric Outpatient Clinics			Psychiatric Inpatient Services			Psychiatric Rehabilitation Facilities			Total All Services
	Open Cases*	Person-Intvws.	Avge.per Case	Open Cases*	Days Hosp.	Avge. per Case	Open Cases*	Days Care	Avge. per Case	Open Cases*
Public Facilities	12,342	58,015	4.7	3,592	39,566	11.0	0	0	-	15,939
Private Facilities**	4,189	60,480	14.4	283	6,616	23.4	142	11,686	82.3	4,614
Total CMHS Facilities**	16,531	118,495	7.2	3,875	46,182	11.9	142	11,686	82.3	20,553
Short-Doyle cases only	15,056	108,578	7.2	3,740	42,256	11.3	120	10,399	86.7	18,921

COMPARISON OF PSYCHIATRIC OUTPATIENT CLINIC SERVICES IN FISCAL YEAR 1965-1966 WITH FISCAL YEAR 1966-1967

A. Public Psychiatric Clinics

	Adult Psych. Clinic	Child Psych. Clinic	Psych. Aid & Refer. Center	Alcoh. Scrng. Proj.	Center Spec. Probs.	CSP Jail Clinic	Total These Outpatient Clinics
1. Number of Open Cases							
1965-1966	704	1,668	2,061	1,524	1,772	1,214	8,943*
1966-1967	928***	1,523	2,652	1,956	3,097	1,160	11,316*
Change	+32%	-9%	+29%	+28%	+75%	-4%	+27%
2. Number of Person-Interviews Provided							
1965-1966	8,202	9,815	6,027	3,741	17,717	2,855	48,357
1966-1967	10,903***	7,088	7,342	2,303	21,287	4,200	53,123
Change	+33%	-28%	+22%	-38%	+20%	+47%	+10%
3. Average Number of Interviews Provided Per Case							
1965-1966	11.7	5.9	2.9	2.5	10.0	2.4	5.4
1966-1967	11.7	4.7	2.8	1.2	6.9	3.6	4.7
Change	0%	-20%	-3%	-52%	-31%	+50%	-13%

*Since there is no central patient register, these figures are inflated by an unknown number of patients who were served in more than one facility during the year.

**Includes the non-Short-Doyle cases of the private facilities.

***Includes patients served by the two Health District psychiatric teams.

B. Private Psychiatric Clinics

	Child. Hosp.	McAuley Psych. Clinic	St. Francis Psych. Clinic	Presby. Psych. Clinic	Mt. Zion Psych. Clinic	Total Outpatient Clinics
			1. Number of Short-Doyle Open Cases			
1965-1966	478	856	161	203	1,049	2,747
1966-1967	530	690	225	178	1,091	2,714
Change	+11%	-19%	+40%	-12%	+4%	-1%
			2. Number of Short-Doyle Person-Interviews Provided			
1965-1966	9,136	11,812	2,197	3,592	17,157	43,894
1966-1967	10,837	10,774	4,459	5,753	18,740	50,563
Change	+19%	-9%	+103%	+60%	+9%	+15.2%
			3. Average Number of Interviews Provided Per Case			
1965-1966	19.1	13.8	13.6	17.7	16.4	16.0
1966-1967	20.4	15.6	19.8	32.3	17.2	18.6
Change	+7%	+13%	+46%	+82%	+5%	+16%

C. All Psychiatric Outpatient Clinics

	Total All Patients*			Short-Doyle Patients Only		
	Open Cases	Person-Intvws.	Aver. No. of Pers-Intvws Per Case.	Open Cases	Person-Intvws.	Aver. No. of Pers-Intvws Per Case
1965-1966	13,120	106,785	8.1	11,690	92,251	7.9
1966-1967	16,531**	118,495**	7.2	15,056**	108,578**	7.2
Change	+26%	+10%	-12%	+29%	+18%	-9%

*Includes the non-Short-Doyle cases of the private facilities.

**Includes the two Health District psychiatric teams, the Mental Retardation Unit, and the Juvenile Court Psychiatric Clinic which began operating in CMHS in this fiscal year.

COMPARISON OF PSYCHIATRIC INPATIENT SERVICES IN FISCAL YEAR 1965-1966 WITH FISCAL YEAR 1966-1967

	A. Public Facility San Francisco General Hospital Psychiatric Wards	B. Private Facility* McAuley NPI Children's Ward	C. All Facilities* Total Inpatient Services
1. Number of patients served			
1965-1966	4,355	149	4,504
1966-1967	3,592	148	3,740
Change	-17%	-1%	-17%
2. Number of days hospitalization provided			
1965-1966	43,553	2,527	46,080
1966-1967	39,566	2,690	42,256
Change	-9%	+6%	-8%
3. Average no. of days hospitalization per patient			
1965-1966	10.0	17.0	10.2
1966-1967	11.0	18.2	11.3
Change	+10%	+7%	+11%

COMPARISON OF PSYCHIATRIC REHABILITATION SERVICES IN FISCAL YEAR 1965-1966 WITH FISCAL YEAR 1966-1967

	Psychiatric Day Center*	Conard House*	Total Rehabilitation Services*
1. Number of patients served			
1965-1966	71	58	129
1966-1967	65	55	120
Change	-8%	-5%	-7%
2. Number of days care provided			
1965-1966	3,615	7,048	10,663
1966-1967	4,021	6,378	10,399
Change	+11%	-10%	-2%
3. Average no. of days care per patient			
1965-1966	50.9	121.5	52.7
1966-1967	61.9	116.0	90.8
Change	+22%	-5%	+10%

*Short-Doyle cases only.

COMPARISON OF TOTAL PSYCHIATRIC SERVICES IN FISCAL YEAR 1965-1966 WITH FISCAL YEAR 1966-1967

	No. of Patients Served*				No. of Interviews Provided			
	Public	Private[x]	Total[x]	Short-Doyle Only	Public	Private[x]	Total[x]	Short-Doyle Only
All CMHS Facilities								
1965-1966	13,298	4,515	17,813	16,323				
1966-1967	15,934**	4,614	20,543	18,916**				
Change	+20%	+2%	+15%	+16%				
All Psychiatric Outpatient Clinics								
1965-1966	8,943	4,177	13,120	11,690	48,357	58,428	106,785	92,251
1966-1967	12,342	4,189	16,531	15,056	58,010	60,480	118,490	108,573
Change	+38%	0%	+26%	+29%	+20%	+4%	+11%	+18%
					No. of Days Hospitalization Provided			
All Psychiatric Inpatient Services								
1965-1966	4,355	196	4,551	4,504	43,553	4,151	47,704	46,080
1966-1967	3,592	283	3,875	3,740	39,566	6,616	46,182	42,256
Change	-18%	+44%	-15%	-17%	-9%	+59%	-3%	-8%
					No. of Days Care Provided			
All Psychiatric Rehabilitation Facilities								
1965-1966	0	142	142	129	0	12,229	12,229	10,663
1966-1967	0	142	142	120	0	11,686	11,686	10,399
Change	-	0%	0%	-7%	-	-4%	-4%	-2%

[x]Includes the non-Short-Doyle cases of the private facilities.

*Since there is no central patient register these figures are inflated by an unknown number of patients who were served in more than one facility during the year.

**Includes the two Health District psychiatric teams, the Mental Retardation Unit, and the Juvenile Court Psychiatric Clinic which began in CMHS in this fiscal year.

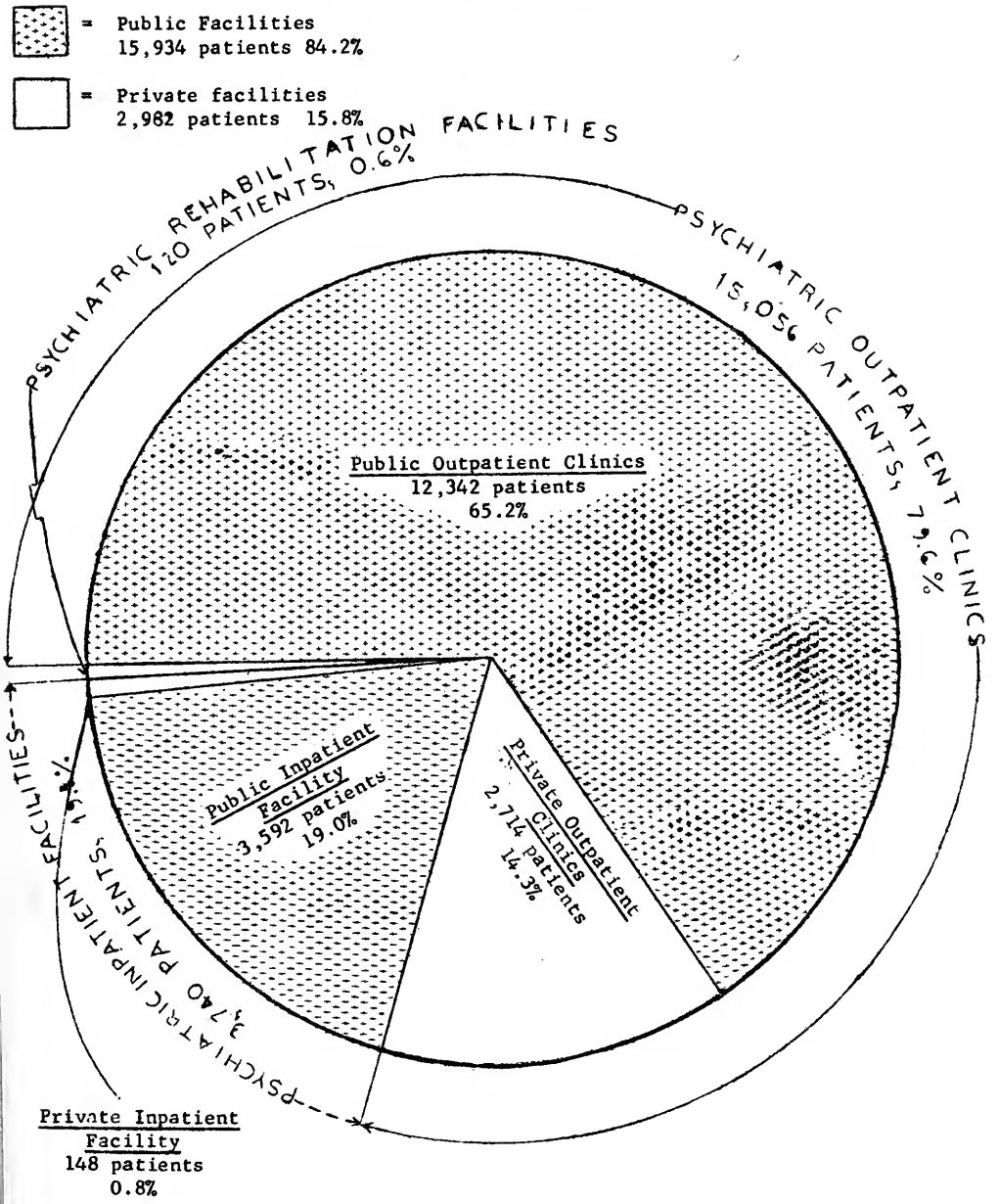
*Includes the non-Short-Doyle cases in the private facilities.

*Since there is no central patient register these figures are indicated by an unknown number of patients who in more than one facility during the year.

**Includes the two Health District psychiatric teams, the Mental Retardation Unit, and the Juvenile Court Psychiatric Clinic which began in CMHS in this fiscal year.

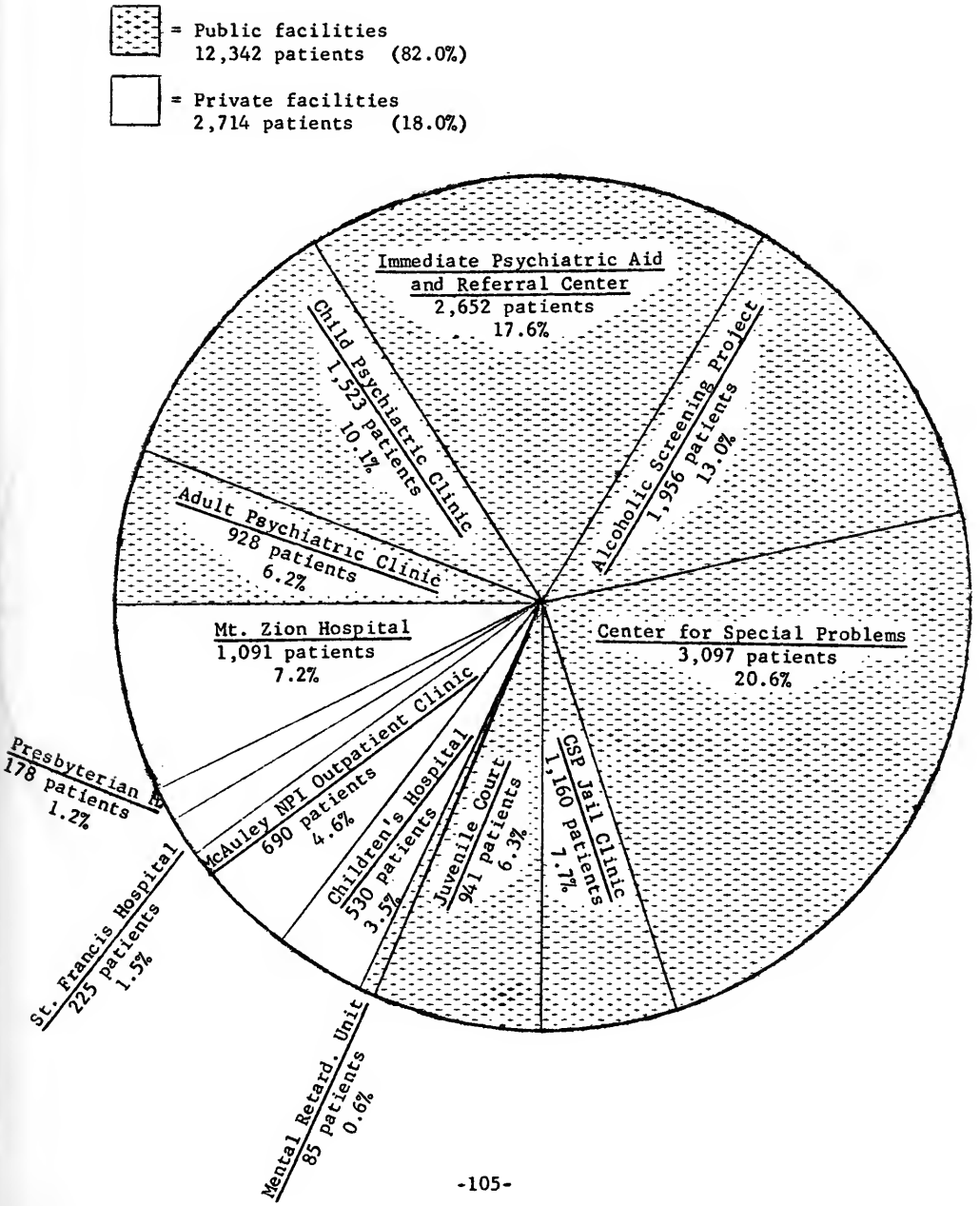
FIGURE 1

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
18,916* SHORT-DOYLE PATIENTS SERVED
IN ALL PUBLIC AND PRIVATE CMHS PSYCHIATRIC FACILITIES
FROM JULY 1, 1966 THROUGH JUNE 30, 1967



*Since there is no central patient register, this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

FIGURE 2
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
15,056 SHORT-DOYLE CASES GIVEN SERVICE
IN PUBLIC AND PRIVATE PSYCHIATRIC OUTPATIENT CLINICS
FROM JULY 1, 1966 THROUGH JUNE 30, 1967



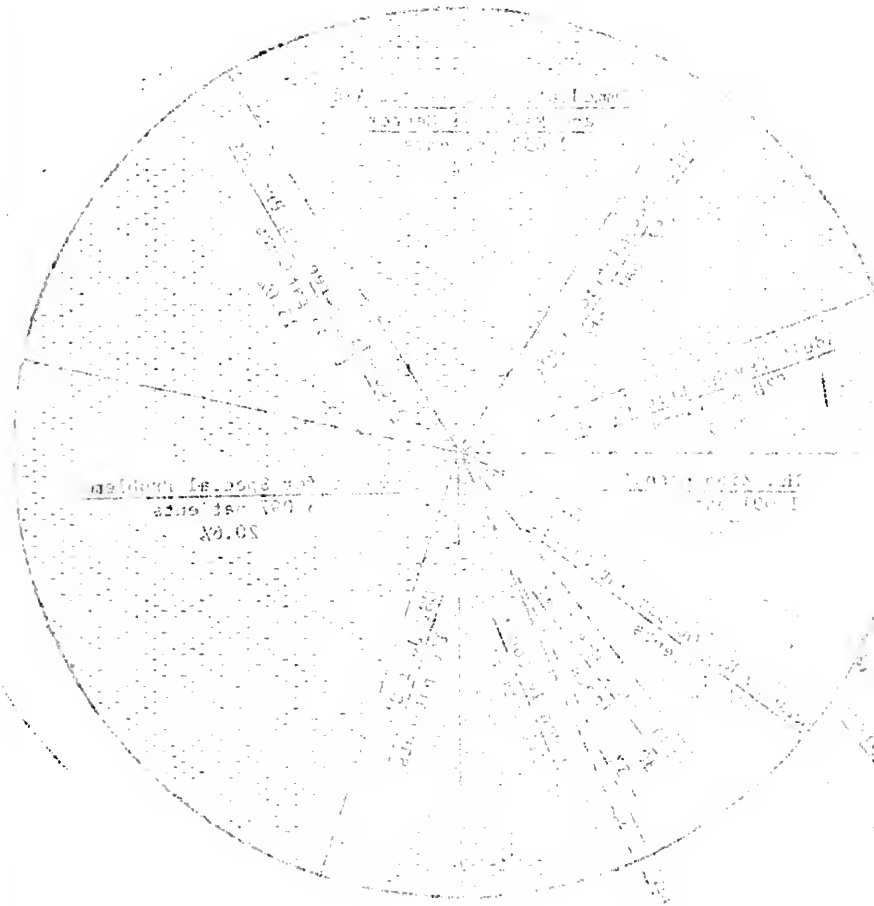
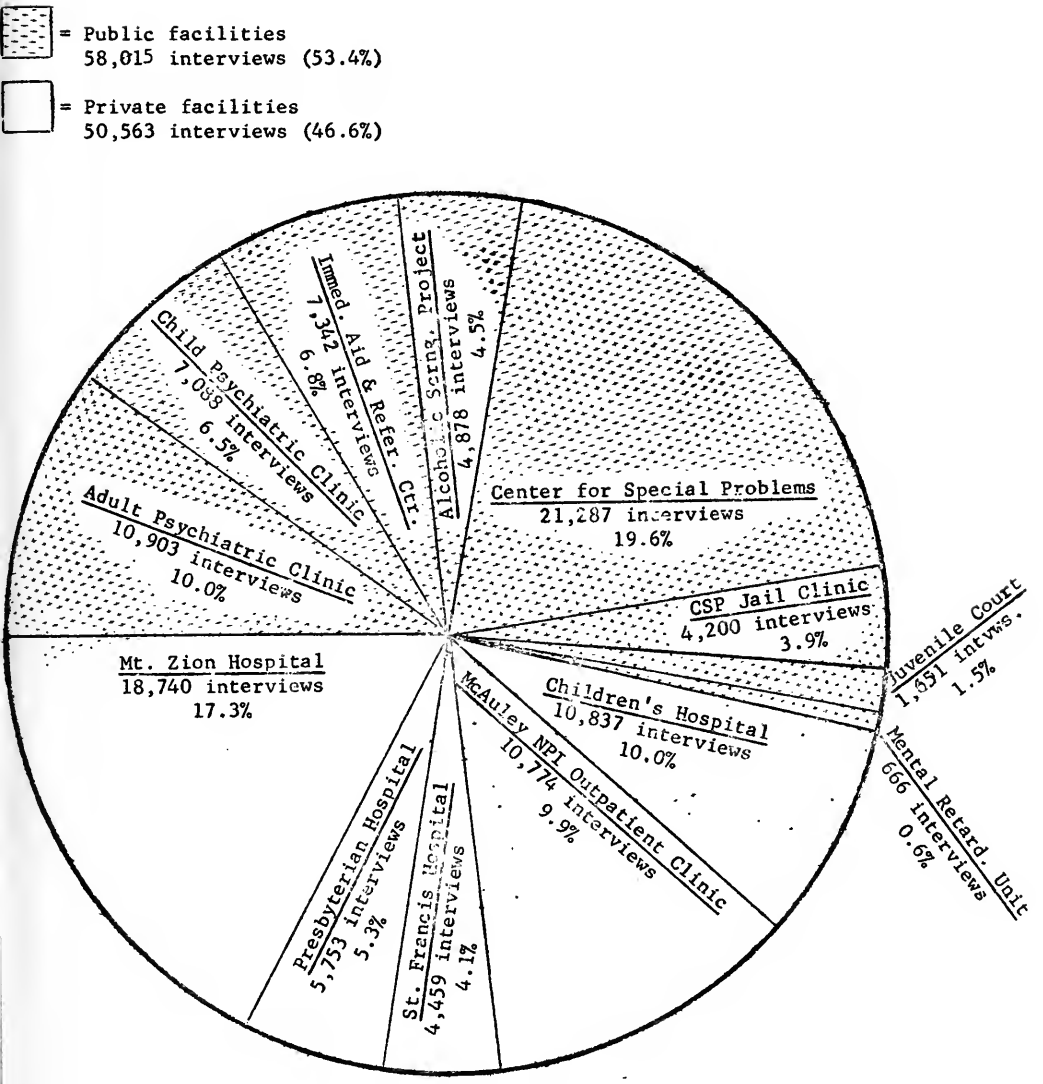


FIGURE 3
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
108,578 PERSON-INTERVIEWS PROVIDED 15,056 SHORT-DOYLE CASES
IN PUBLIC AND PRIVATE PSYCHIATRIC OUTPATIENT CLINICS
FROM JULY 1, 1966 THROUGH JUNE 30, 1967



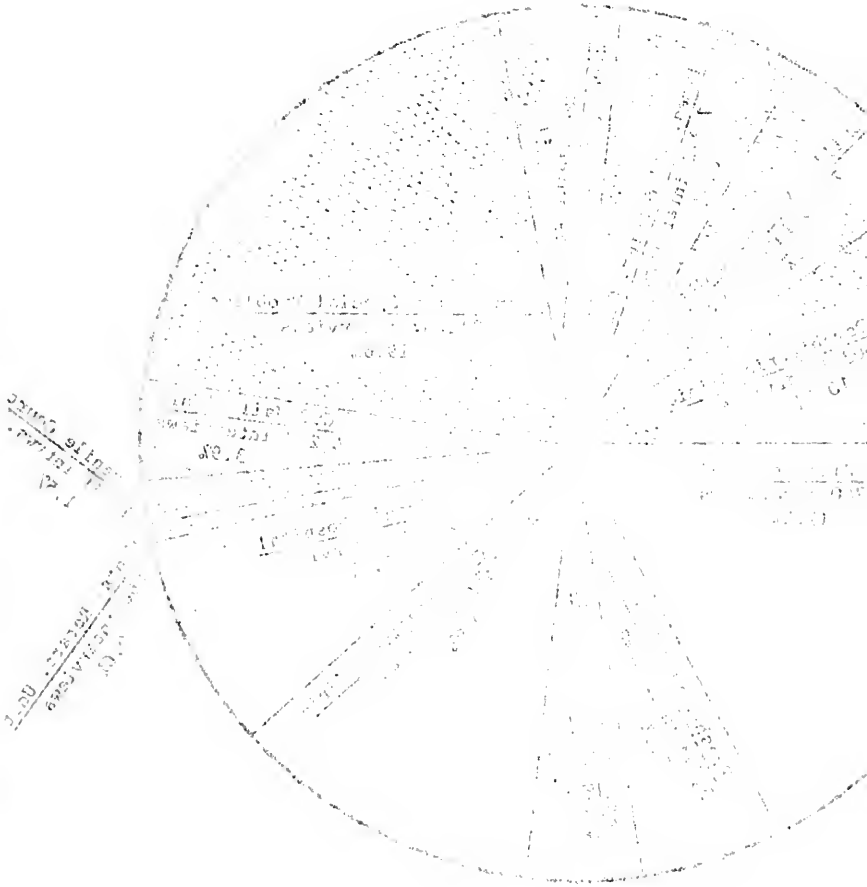


FIGURE 4
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
3,740 SHORT-DOYLE PATIENTS SERVED
IN PUBLIC AND PRIVATE PSYCHIATRIC INPATIENT FACILITIES
FROM JULY 1, 1966 THROUGH JUNE 30, 1967

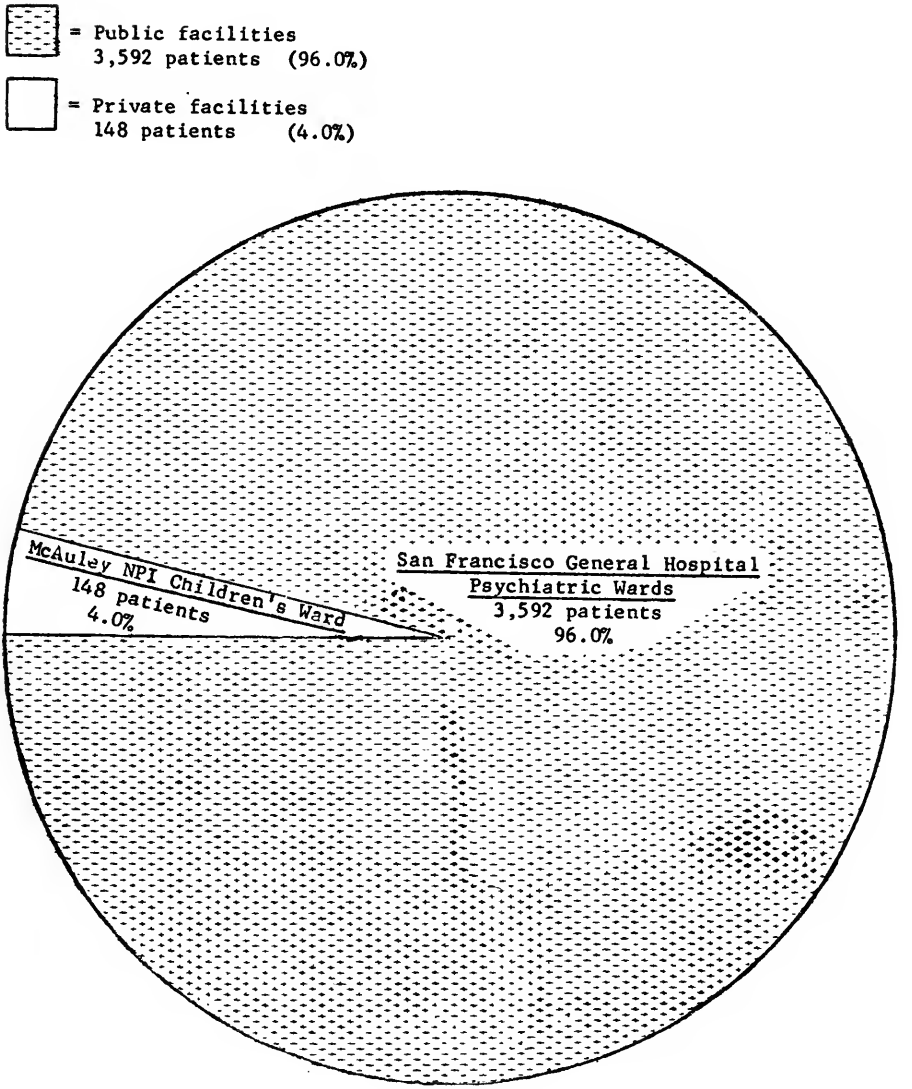


FIGURE 5
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
42,256 DAYS HOSPITALIZATION PROVIDED 3,740 SHORT-DOYLE PATIENTS
IN PUBLIC AND PRIVATE PSYCHIATRIC INPATIENT FACILITIES

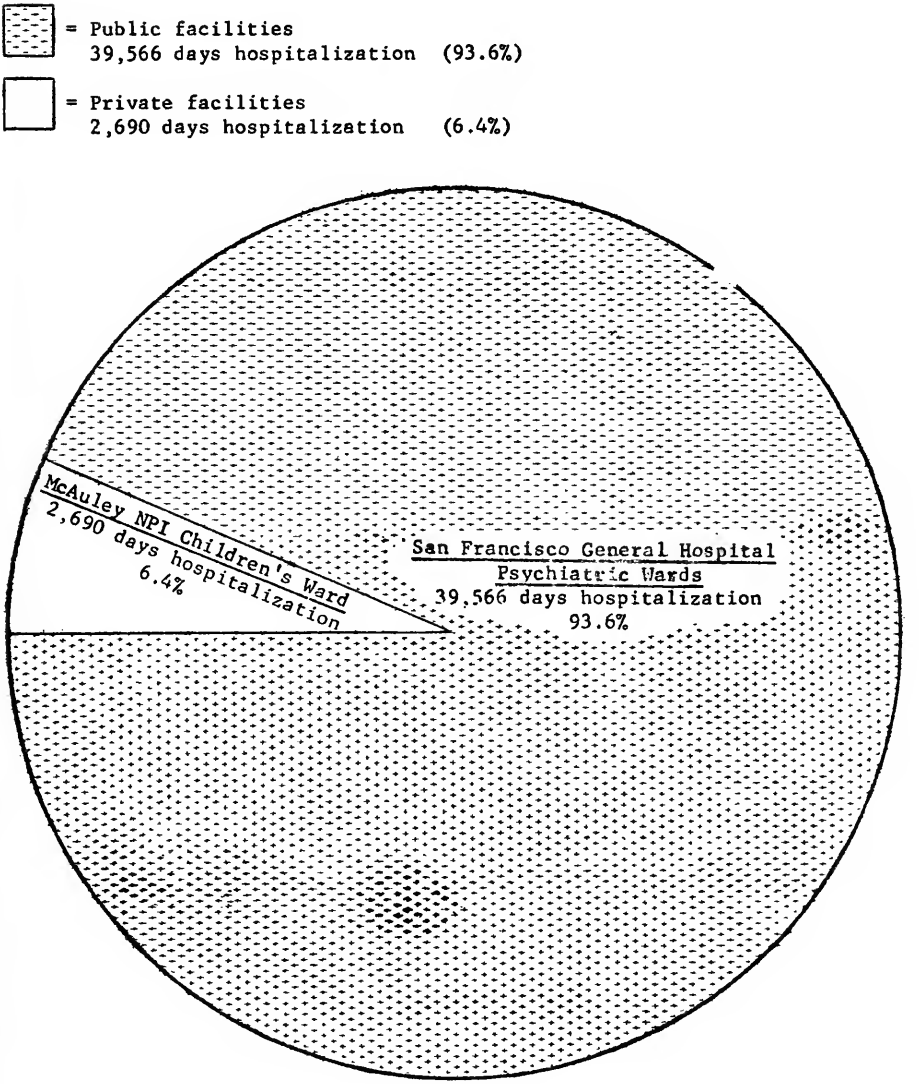


FIGURE 6

PERCENT INCREASE OR DECREASE IN NUMBER OF SHORT-DOYLE PATIENTS SERVED IN SFCMHS PSYCHIATRIC OUTPATIENT CLINICS IN FISCAL YEAR 1966-1967 AS COMPARED WITH FISCAL YEAR 1965-1966

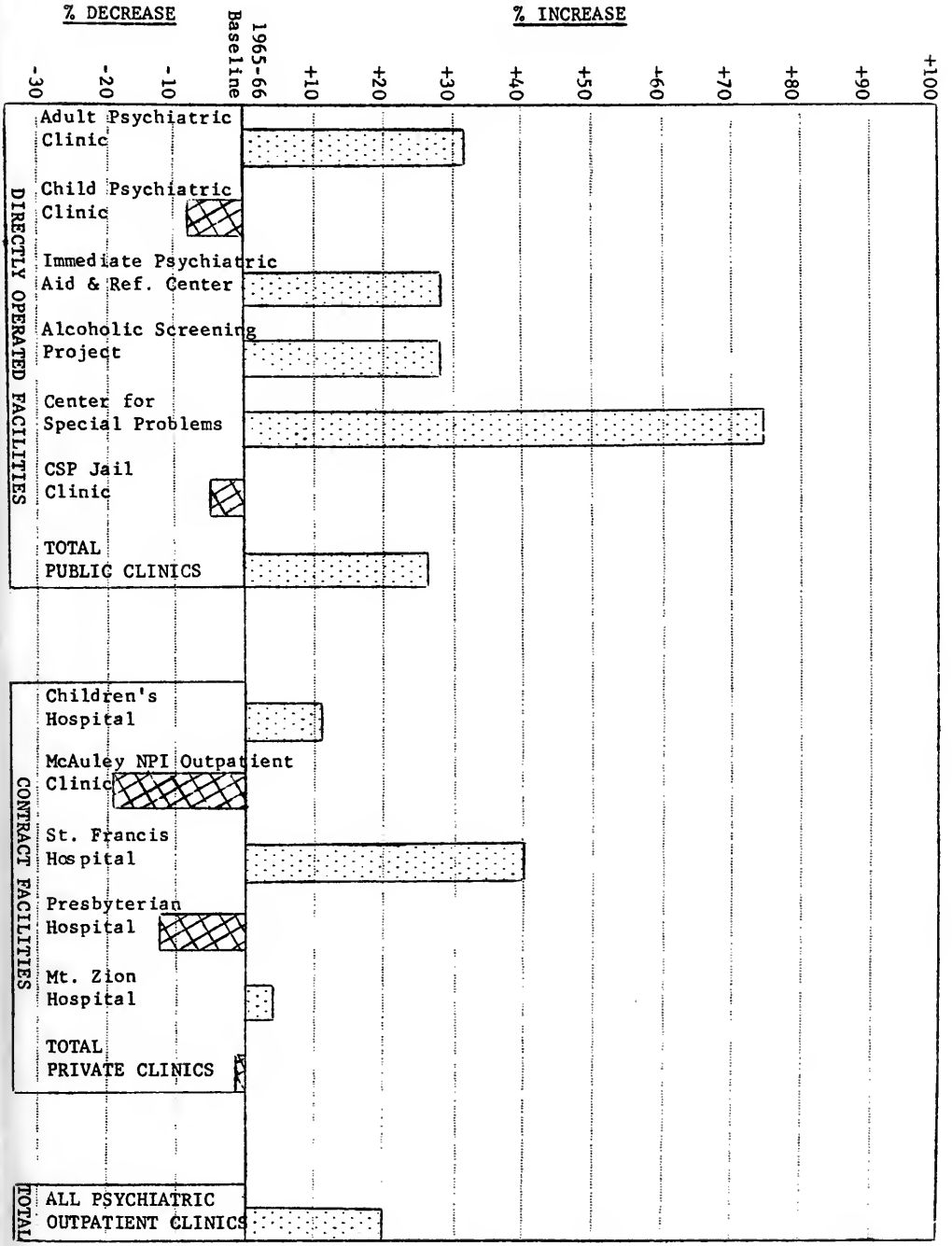
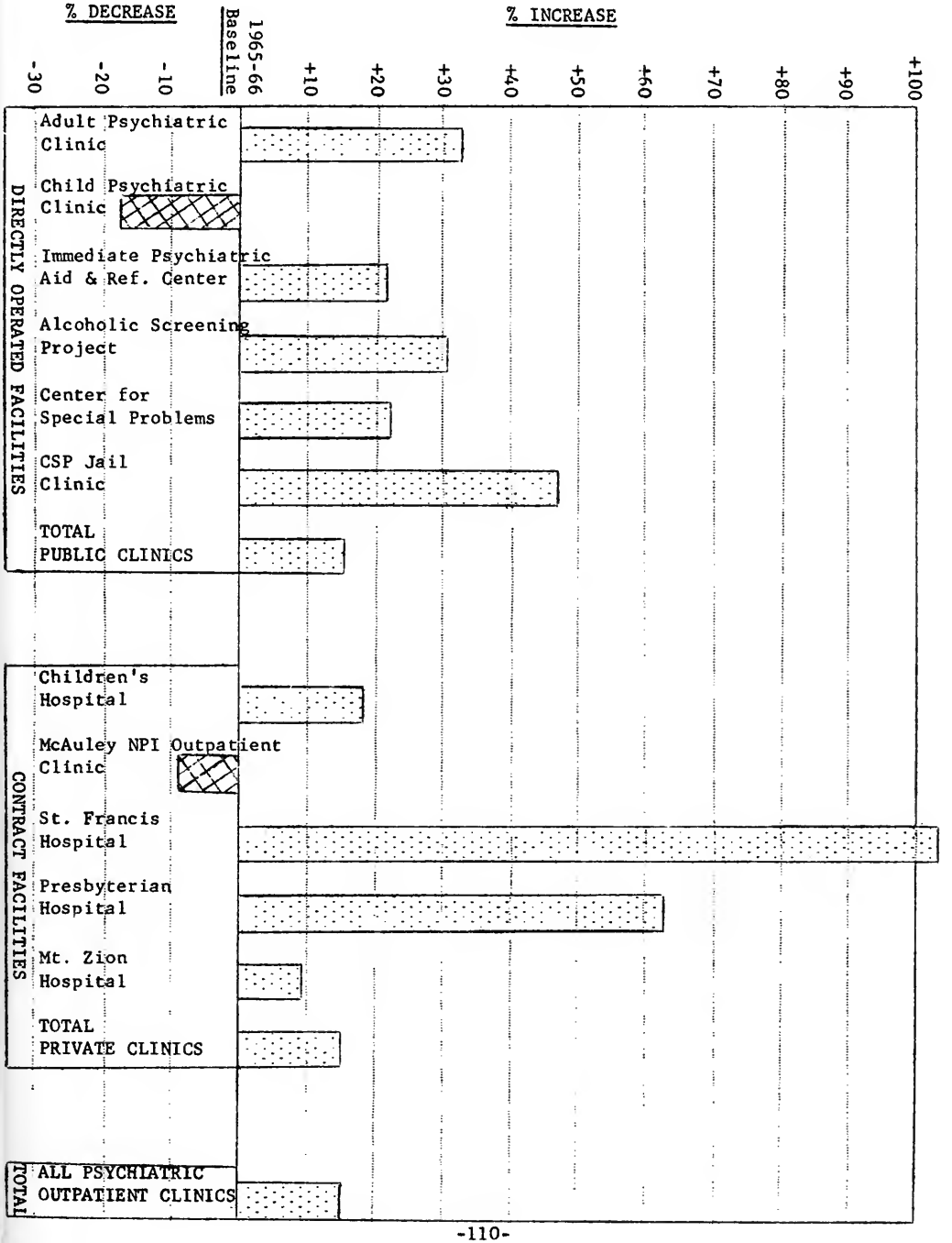


FIGURE 7

PERCENT INCREASE OR DECREASE IN NUMBER OF INTERVIEWS PROVIDED SHORT-DOYLE PATIENTS IN SFCMHS PSYCHIATRIC OUTPATIENT FACILITIES IN FISCAL YEAR 1966-1967 AS COMPARED WITH FISCAL YEAR 1965-1966



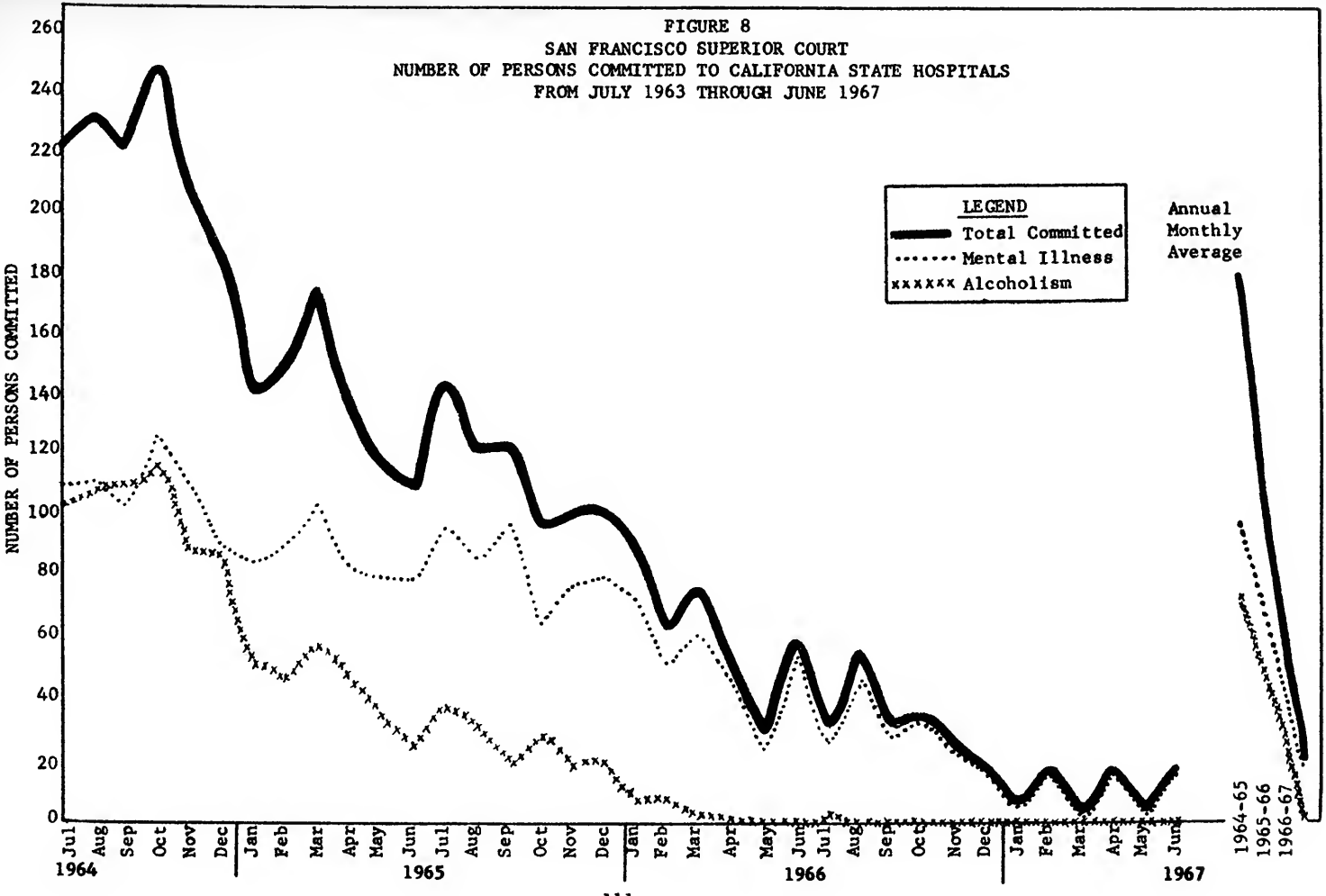


FIGURE 8
SAN FRANCISCO SUPERIOR COURT
NUMBER OF PERSONS COMMITTED TO CALIFORNIA STATE HOSPITALS
FROM JULY 1963 THROUGH JUNE 1967
NUMBER OF PERSONS COMMITTED
260
240
220
200
180
160
140
120
100
80
60
40
20
0
LEGEND
Total Committed
Mental Illness
Alcoholism
Annual Monthly Average
1964-65
1965-66
1966-67
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
1964
1965
1966
1967

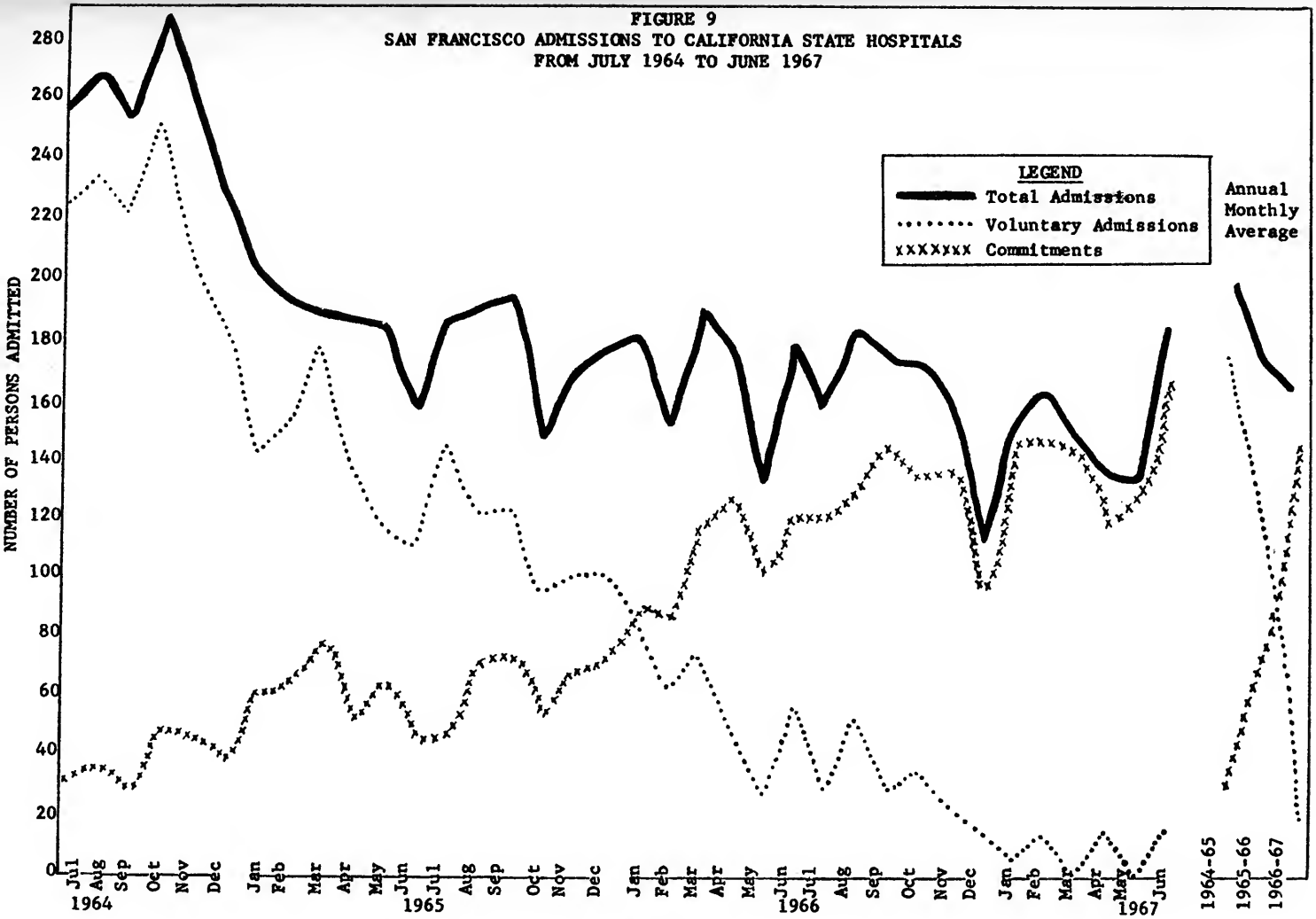


FIGURE 9
SAN FRANCISCO ADMISSIONS TO CALIFORNIA STATE HOSPITALS
FROM JULY 1964 TO JUNE 1967
NUMBER OF PERSONS ADMITTED
0
20
40
60
80
100
120
140
160
180
200
220
240
260
280
LEGEND
Total Admissions
Voluntary Admissions
Commitments
Annual Monthly Average
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
1964
1965
1966
1967
1964-65
1965-66
1966-67

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Accounting					
6.511.200.000	$ 55	$	$ 55	$ 24	$ 31
6.315.218.511	60		60	51	9
6.314.225.511	3527		3527	1670	1857
6.511.300.000	425		425	413	12
6.511.954.000		150197	150197	128873	21324
Administration					
6.513.200.000	43810	6390	50200	47051	3149
6.312.216.513	2000		2000	1598	402
6.315.218.513	1150		1150	1005	145
6.313.224.513	2000	1200	3200	2918	282
6.314.225.513	450		450	400	50
6.695.231.513		7409	7409	7409	
6.315.232.513	33781		33781	29742	4039
6.315.237.513	748		748	748	
6.315.241.513	160		160	156	4
6.513.267.000	218000	(55270)	162730	101760	60970
6.513.267.001	30000	(10000)	20000	7901	12099
6.513.267.002		10000	10000	3282	6718
6.513.267.003	25000		25000	20485	4515
6.513.267.004	7500	7500	15000	15000	
6.513.300.000	4300		4300	4143	157
6.513.368.000	3500		3500	2908	592
6.513.400.000	4405		4405	4153	252
6.513.800.000	30706	5790	36496	33060	3436
Bacteriological Laboratory					
6.517.200.000	265		265	253	12
6.315.218.517	50		50	45	5
6.517.300.000	1375	523	1898	1881	17
6.517.365.000	7000	300	7300	7063	237
6.517.368.000	8700	(373)	8327	7582	745
6.517.400.000	9400		9400	8867	533

DEPARTMENT OF PUBLIC HEALTH CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Chemical Laboratory					
6.519.200.000	$ 315	$	$ 315	$ 286	$ 29
6.315.218.519	30		30	10	20
6.519.300.000	200	120	320	308	12
6.519.365.000	840		840	743	97
6.519.368.000	425	(50)	375	359	16
6.519.400.000	791		791	791	--
Maternal and Child Health					
6.521.200.000	805		805	805	-
6.521.203.000	400		400	381	19
6.315.218.521	60		60	57	3
6.521.267.000	600553		600553	427203	173350
6.521.300.000	2400		2400	1997	403
6.521.367.000	1950		1950	1942	8
6.521.400.000	1484		1484	1403	81
6.521.999.000	13658		13658	10843	2815
Disease Control and Adult Health					
6.525.200.000	195		195	167	28
6.525.200.010	1400		1400	1382	18
6.525.203.000	250		250	241	9
6.312.216.525	150		150	85	65
6.315.218.525	50		50	13	37
6.315.240.525	102		102	90	12
6.525.300.000	1620		1620	1562	58
6.525.300.010	1430		1430	1411	19
6.525.365.000	100		100	100	-
6.525.365.010	1200		1200	1180	20
6.525.368.000	500		500	473	27
6.525.400.000	130		130	85	45
6.525.400.010	60		60	-	60
6.525.999.000	2716		2716	376	2340
Milk Inspection					
	3846		3846	3646	200
6.527.200.000	3900		3900	3415	485
6.312.216.527	25		25	-	25
6.315.218.527	5800		5800	4740	1060
6.527.300.000	200		200	200	-
6.527.365.000	7440		7440	6874	566
6.527.400.000					

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Dental					
6.529.200.000	$ 410	$	$ 410	$ 410	-
6.529.203.000	630		630	540	90
6.529.300.000	545		545	367	178
6.529.365.000	2500	500	3000	3000	
6.529.368.000	1200		1200	1105	95
6.529.400.000	1710		1710	1661	49
Food and Sanitary Inspection					
6.531.200.000	5120		5120	5112	8
6.531.203.000	7000		7000	6980	20
6.312.216.531	1650		1650	1650	-
6.315.218.531	50		50	27	23
6.319.240.531	90		90	90	-
6.531.300.000	4824		4824	4016	808
6.531.365.000	180		180	167	13
6.531.400.000	6025		6025	5949	76
Health Centers					
6.535.200.000	3385	(500)	2885	2835	50
6.535.203.000	10000		10000	9990	10
6.312.216.535	550	500	1050	1050	-
6.315.218.535	200		200	198	2
6.315.237.535	1300		1300	1300	-
6.315.238.535	612	(22)	590	222	368
6.315.256.535	60	22	82	82	-
6.535.300.000	9650		9650	9499	151
6.535.365.000	6500		6500	6482	18
6.535.368.000	22000	(1150)	20850	17216	3634
6.535.400.000	2937		2937	2533	404
6.245.880.535	8600		8600	8600	-
6.535.995.000		682	782	-	682
6.535.999.000		75833	75833	71127	4706
6.535.999.001		8000	8000	6988	1012
Health Education					
6.537.200.000	350			350	35
6.315.218.537	25		25	14	11
6.537.300.000	3245		3245	3245	-
6.537.400.000	280		280	262	18

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjustments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Nursing					
6.539.200.000	$ 22580	$(22050)	$ 530	$ 271	$ 271
6.539.200.001		22000	22000	5664	16336
6.539.203.000	300		300	291	9
6.312.216.539	100	50	150	103	47
6.315.218.539	50		50	40	10
6.695.231.539		5614	5614	5614	
6.539.300.000	1525		1525	1222	303
6.539.365.000	250		250	250	
6.539.389.000	12982	(9930)	3052	2611	441
Statistics					
6.541.200.000	515	(50)	465	101	364
6.315.218.541	175	50	225	159	66
6.314.225.541	4400		4400	2016	2384
6.315.241.541	8500	607	9107	8666	441
6.541.300.000	3625		3625	3618	
6.541.400.000	1037		1037	777	260
Tuberculosis Control					
6.543.200.000	1859	1000	2859	2482	377
6.543.203.000	399		399	387	12
6.315.218.543	50		50	48	2
6.543.300.000	800		800	720	80
6.543.365.000	300		300	288	12
6.543.367.000	12020	(1000)	11020	10832	188
6.543.368.000	3625	150	3775	3682	93
6.543.400.000	780		780	662	118
6.543.999.000		32157	32157	27953	4204
6.543.999.001		7039	7039	6976	63

DEPARTMENT OF PUBLIC HEALTH CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Balance	Expended and Encumbered	Balance
Venereal Disease Control					
6.545.200.000	$ 795	$ (10)	$ 785	$ 785	$
6.545.203.000	400		400	375	25
6.315.218.545	50		50	44	6
6.695.231.545		1319	1319	1319	
6.315.237.545	202		202	202	
6.315.240.545	107	10	117	117	
6.315.256.545	174		174	143	31
6.545.300.000	2593		2593	2590	3
6.545.365.000	1600	600	1600	1568	32
6.545.368.000	3500		4100	4026	74
6.545.400.000	845		845	561	284
6.545.800.000	100		100		100
6.245.880.545	3360		3360	3360	
6.545.999.000		8692	8692	7919	773
TOTAL CENTRAL OFFICE	$ 1284618	$ 253849	$ 1538467	$ 1195083	$ 343384

DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
6.551.200.000	$ 425	$ 80	$ 505	$ 505	$
6.551.203.000	110		110	101	9
6.312.216.551	15800	575	16375	16375	
6.315.218.551	60		60	49	11
6.314.225.551	600		600	256	344
6.695.231.551		4051	4051	4051	
6.315.232.551	5400		5400	5400	
6.555.236.551	6000		6000	6000	
6.315.237.551	1062		1062	1062	
6.315.240.551	90		90	90	
6.551.300.000	10018	(160)	9858	9515	343
6.551.365.000	8100	250	8350	8228	122
6.551.383.000	3300	(170)	3130	2667	463
6.557.368.551	3000		3000	2025	975
6.551.389.000	1200		1200	1010	190
6.551.400.000	15690		15690	15353	337
TOTAL EMERGENCY HOSPITALS	$ 70855	$ 4626	$ 75481	$ 72687	$ 2794

DEPARTMENT OF PUBLIC HEALTH - HASSLER HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
6.553.200.000	$ 63924	(3000)	60924	$ 60723	$ 201
6.553.200.001		5000	5000	5000	
6.553.203.000	190		190	170	20
6.312.216.553	2000		2000	2000	
6.315.218.553	160	50	210	169	41
6.695.231.553		27260	27260	27260	
6.315.232.553	3550	1515	5065	5065	
6.315.241.553		416	416	416	
6.315.256.553	600		600	576	24
6.553.300.000	16800	8100	24900	24275	625
6.553.365.000	8500	10500	19000	17202	1798
6.553.367.000	1600	(600)	1000	962	38
6.553.368.000	22500	(4191)	18309	17269	1040
6.553.383.000	12500	6000	18500	18282	218
6.553.389.000	86714	(16158)	70556	68104	2452
6.555.390.553	26286	(7000)	19286	18236	1050
6.553.400.000	20323	6305	26628	25206	1422
6.553.800.000	3915	108	4023	4023	
TOTAL HASSLER HOSPITAL	$ 269562	$ 34305	$ 303867	$ 294938	$ 8929

DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
6.555.200.000	$ 14848		$ 14848	$ 13782	$ 1066
6.312.216.555	1650		1650	1570	80
6.315.218.555	400	100	500	490	10
6.314.225.555	900		900	836	64
6.695.231.555		116081	116081	116081	
6.315.232.555	11852	1871	13723	13723	
6.315.237.555	3200		3200	2594	606
6.315.240.555	96		96	90	6
6.315.241.555	3168	832	4000	2310	1690
6.315.256.555	2620		2620	2068	552
6.555.300.000	107034	(355)	106679	102268	4411
6.555.365.000	78000	(8000)	70000	66713	3287
6.555.367.000	6000		6000	5028	972
6.555.368.000	145500	8000	153500	148775	4725
6.555.383.000	117800		117800	117800	
6.555.389.000	445000		445000	440128	4872
6.555.390.555	182000		182000	164645	17355
6.555.400.000	106275	19795	126070	122712	3358
Total Laguna Honda Hospital	$1226343	$138324	$1364667	$1321613	$43054

DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance-	Adjust ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
6.557.200.000	$ 136590	$	$ 136590	$ 136590	$
6.557.203.000	50		50	10	40
6.312.216.557	750		750	426	324
6.315.218.557	1800	250	2050	1730	320
6.314.225.557	3500		3500	3500	
6.695.231.557		119000	119000	119000	
6.315.232.557	57418	3773	61191	61191	
6.315.237.557	5971		5971	5971	
6.315.238.557	8242	828	9070	9070	
6.315.240.557	90		90	90	
6.315.241.557	14250	3266	17516	15094	2422
6.315.256.557	1400		1400	1308	92
6.557.267.001	1007629	1007629	1007629		
6.557.300.000	170762	(26250)	144512	144195	317
6.557.365.000	272000	17000	289000	289000	
6.557.367.000	76000	16000	92000	90765	1235
6.557.368.000	455000	10000	465000	465000	
6.557.368.001	50000		50000	31997	18003
6.557.383.000	93000		93000	93000	
6.557.389.000	373500	(828)	372672	370725	1947
6.557.400.000	238903	(73245)	165658	150917	14741
6.557.400.001		45700	45700	44382	1318
6.557.476.000	5200		5200	5156	44
TOTAL SAN FRANCISCO GENERAL HOSPITAL	$ 2972055	$ 115494	$ 3087549	$ 3046746	$ 40803

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Administration					
6.561.200.000	$ 60850	$ (100)	$ 60750	$ 45755	$ 14995
6.561.203.000	250		250	194	56
6.315.216.561	150		150	150	
6.315.218.561	50		50	50	
6.561.267.000	540328		540328	531681	8647
6.561.300.000	2050		2050	1881	169
6.561.400.000	2335		2335	2324	11
6.561.800.000	157		157	40	117
6.561.999.001		2436	2436	144	2292
Adult Guidance Center					
6.563.200.000	3000	(625)	2375	1513	862
6.315.218.563	80	25	105	105	
6.315.238.563	600		600	58	552
6.563.300.000	2345	(40)	2305	2289	16
6.563.365.000	454		454	271	183
6.563.368.000	18250		18250	17765	485
6.563.400.000	1205		1205	1005	200
6.563.800.000	35	40	75	75	
6.245.880.563	16800		16800	16800	
Child Psychiatric Clinic					
6.565.200.000	150		150	143	7
6.565.200.010	6800	6500	13300	13122	178
6.565.203.000	300		300	231	69
6.565.203.010	920		920	483	437
6.315.232.565	576	(205)	371	371	
6.315.218.565	30	9	39	39	
6.565.267.010	116000	(8530)	107470	47970	59500
6.565.300.000	750	4	754	754	
6.565.300.010	1000	(4)	996	996	
6.565.368.000	300		300		300
6.565.400.000	1000		1000	971	29
6.565.400.010	3830		3830	3734	96
6.245.880.565	15104	3900	19004	15600	3404
6.245.880.565.010	15000		15000	5772	9228
6.565.800.000	60		60	50	10

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1966-67 Budget Allowance	Adjust-ments	1966-67 Adjusted Allowance	Expended and Encumbered	Balance
Institutional Services					
Administration					
6.567.200.000	$ 45	$	$ 45	$ 30	$ 15
6.312.216.567	150	100	250	250	
6.315.218.567	60		60	59	1
6.315.240.567	90		90	90	
6.567.300.000	1450		1450	1344	106
6.567.400.000	685		685	630	55
Psychiatric In-Patient					
6.567.200.010	625		625	600	25
6.567.300.010	10420		10420	10420	
6.567.365.010	4000		4000	4000	
6.567.368.010	30000		30000	29459	541
6.567.389.010	50000		50000	49999	1
6.567.400.010	7398		7398	7206	192
Adult Psychiatric Clinic & Referral Center					
6.567.200.020	175		175	88	87
6.567.203.020	300		300		300
6.567.300.020	1000		1000	994	6
6.567.368.020	20000		20000	19760	240
6.567.400.020	4050		4050	3256	794
Total Community Mental Health Servics	$941207	$3510	$944717	$840511	$104206

DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1966- 67

Revenue Account Number		Budget Estimate	*Actual Receipts
3103	Public Eating Places	$ 140000	$ 172458
4501	Penalties	7000	1341
6538	Salary Refund (Federal)	14000	18277
6540	Special Public Health Assistance Funds	165000	170311
6760	Crippled Children's Services (State)	410000	372759
6786	Mental Health Services (State)	2250000	2270472
7502	Milk Inspection	157000	151538
7526	Food Vehicle Permits	400	780
7527	Poultry Dealers	1000	570
7528	Salvaged Dealers	10	30
7543	Fumigation Inspection	200	310
7544A	Laundry Renewals	2500	4325
7544B	Laundry Openings	1000	840
7549	Refuse Collectors	700	2620
7562	Massage Parlors	150	60
7581	Birth Certificates	40000	55836
7582	Death Certificates	75000	81082
7583	Removal Permits	10000	9404
7590	Burial Refunds	12000	11242
7590	Travel Certificates	12000	16611
7590	Filing Fees	20000	16440
7590	Miscellaneous Revenues	300	505
7525	Adult Guidance Center	5000	10513
7626	Nalline Clinic	9000	9070
7660	Crippled Children's Services (Parents)	14000	16424
7669	Sheriff's Transportation	3000	-
7686	Child Psychiatric Clinic (Parents)	2000	805
	Total Central Office	$ 3351260	$ 3395124

*Includes Accounts Receivable as well as fees received.

INSTITUTIONS

Revenue Account Number	Source	Budget Estimate	*Actual Estimate
	Hassler Hospital		
7631	Care of Patients	$ 550000	$ 139856
7632	Meals, Miscellaneous	2500	3664
7631A	Care of Patients - Medicare	-	216200
7631B	Care of Patients - Medi-Cal	-	1193749
	Total Hassler Hospital	$ 552500	$ 1553469
	Laguna Honda Hospital		
7611	Care of Patients	$ 4400000	$ 943466
7611A	Care of Patients - Medicare	625000	1073615
7619	Meal Tickets and Miscellaneous	4000	8542
7611B	Care of Patients - Medi-Cal		6423561
	Total Laguna Honda Hospital	$ 5029000	$ 8449184
	San Francisco General Hospital		
6539	Tuberculosis Subsidy	$ 125000	$ 125876
7601A	Care of Patients	850000	994775
7601B	Care of Patients - P.O.	75000	99465
7601C	Care of Patients - P.T.	70000	10405
7601D	Care of Patients - O.P.C.	2000	3413
7601E	Care of Patients - T.B.	80000	149252
7602	Sale of Meal Tickets	8000	11985
7604	Care of Compensation Cases	90000	117690
7606	Care of Patients - Medi-Cal	1100000	3755893
7509	Miscellaneous	5000	3724
7601F	Care of Patients - Medicare		967500
	Total San Francisco General Hospital	$ 2405000	$ 6239378
	TOTAL INSTITUTIONS	$ 7986500	$ 16242031
	TOTAL DEPARTMENT OF PUBLIC HEALTH	$ 11337760	$ 19637155

*Includes Accounts Receivable as well as fees received.

ANNUAL REPORT

1967 – 1968

SAN FRANCISCO DEPARTMENT OF

PUBLIC HEALTH

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE
101 GROVE STREET
N FRANCISCO, CALIFORNIA 94102

September 10, 1968

Through Mr. Thomas J. Mellon
Chief Administrative Officer

The Honorable Joseph L. Alioto
Mayor
City and County of San Francisco

Dear Mayor Alioto:

Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith. Your attention is called to the following items of special interest.

The organization of the Department, as far as the interrelationship of its various bureaus and divisions is concerned, shows three significant changes over the last fiscal year.

The Bureau of Alcoholism, which in the past has been a function of the Public Health Division of the Department, has been transferred to the Mental Health Division. This will bring the development of alcoholism programs into a slightly different perspective, but will still permit an admixture of medical care for the acute alcoholic and psychiatric care for both acute and chronic alcoholics. Furthermore, it will make the program eligible for subsidy under the present Short-Doyle Act and under the Lanterman-Petris Act, beginning July 1, 1969.

The second and third changes involve the transfer from the Juvenile Court (Youth Guidance Center) of the responsibilities for direct medical care and for psychiatric care from that agency to the Department of Public Health.

At the time of its transfer, we requested an approximate doubling of the budget for both general medical care and psychiatric care, but were denied these personnel. Therefore, during the fiscal year 1968-69, it will be impossible to increase the level of services to that which is deemed desirable, even as a minimum.

Your attention is also directed to the report of the Division of Venereal Disease Control. You will note that the total number of cases diagnosed and treated at the Venereal Disease Clinic increased by almost one-third over the number treated in 1966-67; and the increase that year was 40% more than that of the prior year. The increase in diagnosed and treated cases of syphilis is less than 10% over the previous year. The total number of new patients seen, which includes diagnosed cases and contacts, was 17,346, which is an increase

[illegible]

[illegible]

[illegible]

of almost 40% over those seen in the fiscal year 1966-67; and the total number of patient visits was 52,602, which makes it one of the larger outpatient clinics in San Francisco.

There was a slight increase in staff granted by the Board of Supervisors during last year, which has increased our efficiency. The Board of Supervisors, however, during the past two fiscal years has refused to appropriate funds to permit us to seek new housing and remodel it for clinical purposes. The Redevelopment Agency has indicated to us that during the coming year, it will be necessary for us to find new housing, and it will therefore be necessary for us to present a supplemental appropriation request for the purpose of anticipating this need. Each year we have submitted this request both the rent and the cost of modernization have gone up, as has the rest of the cost of living index.

On Page 55 are some interesting data with respect to the population structure, the total death rates, birth rates, and the rates of venereal diseases and tuberculosis for the City as a whole and for each of the five districts. This district plan was approved by the Board of Supervisors more than five years ago. The Board of Supervisors has appropriated funds, and we have secured other funds from the State Department of Public Health for the construction of five Health Centers, four of which are completed, and the fifth of which will be started early in the fiscal year 1968-69.

This last Health Center is being constructed over the eastern end of the Broadway Tunnel, taking advantage of the air rights. The report of each of the districts is concise, and gives insight into the services provided in each of these five districts, through which we are bringing Health Department services closer to the people we serve.

The five catchment areas that have been established pursuant to the requirements of the National Institutes of Mental Health as a part of the requirements for Federal subsidy of San Francisco General Hospital and ultimately for construction of any mental health outreach services are coterminous with these five districts, and the Mental Health Division of the Department is decentralizing its services through these Health Centers, and will be requiring additional space in some areas of San Francisco in order to bring its professional personnel in closer contact with the people to be served.

District #2, which covers the Westside area of San Francisco, has a population of about 165,000; and a consortium of four hospitals and five other agencies have banded themselves together to provide mental health services for that population beginning January 1, 1969. Federal assistance in the development of this program, along with local and State funds will support these expanded services. Beginning on the same date, the Mental Health Division will start its new program in the Mission catchment area, which is District #1, this also being assisted by a combination of a Federal grant with local and State funds in support.

Meanwhile, the Mental Health Division has reorganized its services so as to assign total responsibility for a specific geographic area of the City to a specific unit of the staff at the General Hospital. At the beginning of this program, inpatient services will be provided at the Hospital, but preventive and treatment services in the various neighborhoods and communities will be

expanded, with the same teams having responsibility for both inpatient and outpatient care, irrespective of where this care is provided.

One of the outstanding shifts that has been made in the psychiatric service is in the operation of a detention facility through the provision of a team approach that will intervene at the time of the crisis, and as we develop an extension of this program, will intervene prior to the crisis. In the past three years, this crisis intervention on outpatients has decreased the number of patients admitted for inpatient care by 40%; and as a result of a change in Court policy as well as improvement in our services, the percentage of cases hospitalized in San Francisco that were committed to State hospitals has in the past three years dropped from 48% to 5%. The shift in pattern now will be to move from crisis intervention to community psychiatry through the decentralization services and a team approach, as mentioned before.

The Center for Special Problems during the past year has shown an increase of 15% in total admissions, but more than 100% increase in group and personal interviews. The San Bruno Branch Jail Clinic of the Center for Special Problems has shown an increase of 26%, and a more than tripling of group and personal interviews.

A considerable amount of staff time has been expended in planning for the new San Francisco General Hospital. This involves both the staff of the Hospital, including those who are employed by the Medical School, the staff of the Central Office of the Department, those of the Bureau of Architecture of the Department of Public Works, and of course the private architectural firm with which we are working. The end point of final determination of the layout has been reached, and a target date of opening this hospital in late 1972 or early 1973 will be attained.

The staff of the Department are extremely dedicated, and we are assisted by many volunteers who donate their services to make our patients in our institutions happier. In addition to the devoted services of our departmental employees, I wish to point out the fact that this Department does not operate in a vacuum as far as other City departments are concerned. The cooperation of the Mayor's Office and his staff, and the staff of the Controller, the Civil Service Commission, the Department of Public Works, the Purchasing Department, the Real Estate Department, the Bureau of Delinquent Revenue of the Tax Collector's Office, and of many other departments have directly and indirectly contributed to whatever success we have had.

This Department is one of the departments under the Chief Administrative Officer, whose understanding leadership has been of inestimable help toward the attainment of our goals. The Committees of the Board of Supervisors and the Board itself, although not always agreeing with us, have certainly been fair and thorough in their consideration of our requests. Last but not least, may we mention the two Advisory Boards who contribute without pay many hours of effort in support of our programs. The Mental Health Advisory Board is appointed by the Board of Supervisors, and the Health Advisory Board is appointed by the Chief Administrative Officer. These fourteen men and women deserve the appreciation of the City as a whole.

Very truly yours,

ELLIS D. SOX, M. D.
Director of Public Health

Attachment

[illegible] facility which [illegible] the provision of a team approach [illegible] the [illegible] and as we develop an extension of [illegible] to the [illegible]. In the past three years, this [illegible] has decreased the number of patients admitted [illegible] by [illegible] of a change in Court policy as well [illegible] the percentage of cases hospitalized in San [illegible] are [illegible] the past three years [illegible] will be [illegible] from outside [illegible] through the department of rehabilitation services [illegible] [illegible] before.

[illegible] Fiscal Year during the past year has been an [illegible] of [illegible] but more than 1000 [illegible] and personal [illegible] San [illegible] Court [illegible] for Special Problems [illegible] [illegible] and more than [illegible] and personal [illegible]

[illegible] would [illegible] have been [illegible] for the new [illegible] hospital. This [illegible] the staff of the Hospital, [illegible] managed by the [illegible] School, the staff of the Central [illegible] Department, [illegible] the Bureau of Mental Hygiene of the Department [illegible], and of course the private [illegible] firm with which we are [illegible]. The new plan of [illegible] operation of the School has been reached, [illegible] of [illegible] this January in late 1973 or early 1974 will be [illegible]

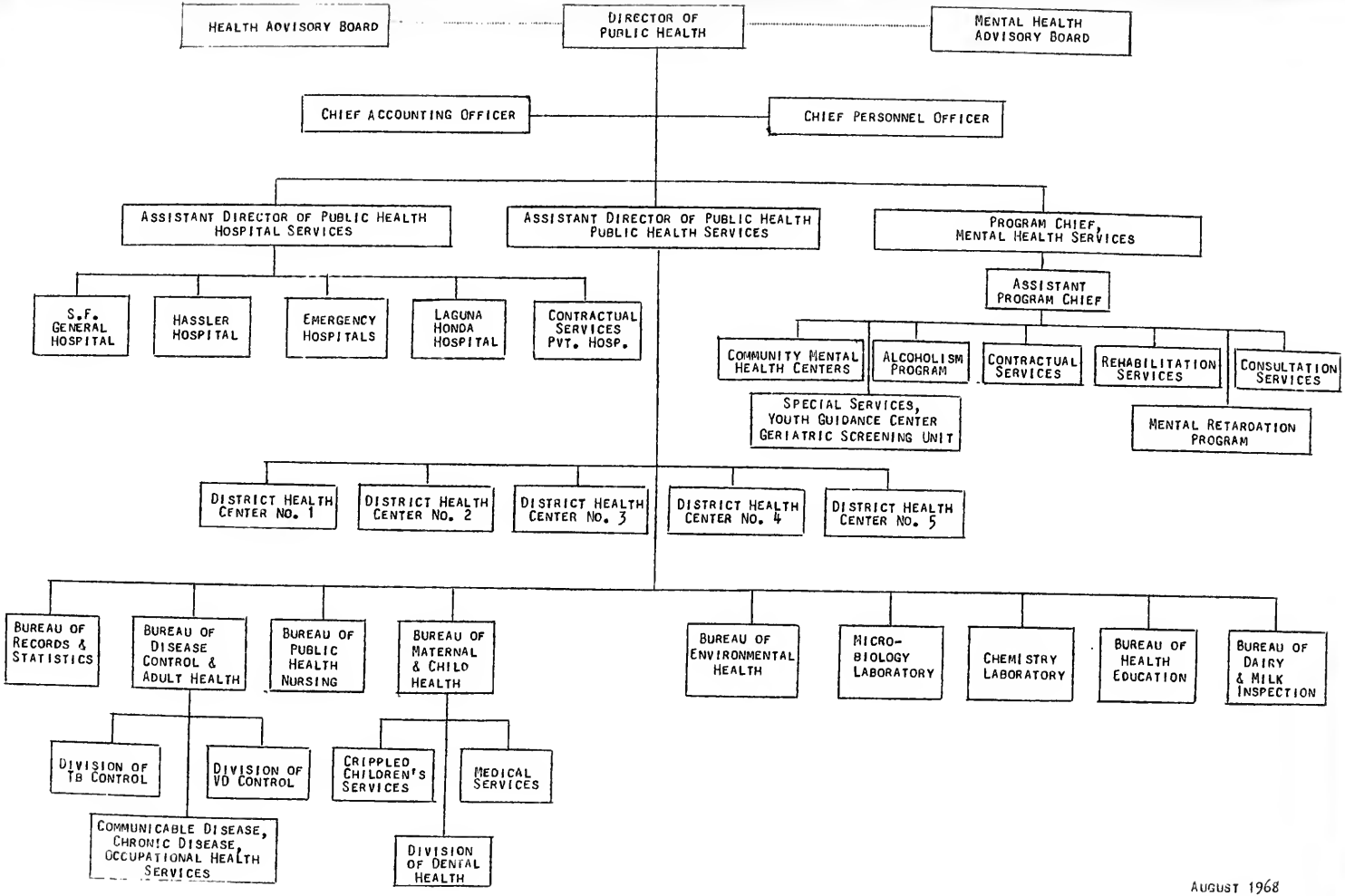
[illegible] the [illegible] are [illegible], dedicated, and we are assisted by many [illegible] in our [illegible] [illegible] of our department [illegible] employees. I [illegible] that [illegible] operate in a [illegible] as [illegible] [illegible] operation of the hospital: [illegible] of the [illegible] Service Commission, the Personnel Department, the Budget Bureau, the Attorney General, the Comptroller's Office, and [illegible] departments have directly and indirectly contributed to whatever [illegible]

[illegible] in one of the departments under [illegible] Administrative Officer, [illegible] the [illegible] the [illegible] Court Health [illegible] the Department of the Court Health [illegible] [illegible] and through the [illegible] of [illegible] Court but [illegible] may be mention the two [illegible] in support of our [illegible] The Mental Health Advisory Board [illegible] by the Board of Supervisors [illegible] Health Advisory Board is appointed by the Chief Administrative [illegible] Bureau [illegible] Director [illegible] of the City as [illegible]

Very truly yours,

[illegible]

C O N T E N T S


HEALTH ADVISORY BOARD
DIRECTOR OF PUBLIC HEALTH
MENTAL HEALTH ADVISORY BOARD
CHIEF ACCOUNTING OFFICER
CHIEF PERSONNEL OFFICER
ASSISTANT DIRECTOR OF PUBLIC HEALTH HOSPITAL SERVICES
ASSISTANT DIRECTOR OF PUBLIC HEALTH PUBLIC HEALTH SERVICES
PROGRAM CHIEF, MENTAL HEALTH SERVICES
S.F. GENERAL HOSPITAL
HASSLER HOSPITAL
EMERGENCY HOSPITALS
LAGUNA HONDA HOSPITAL
CONTRACTUAL SERVICES PVT. HOSP.
ASSISTANT PROGRAM CHIEF
COMMUNITY MENTAL HEALTH CENTERS
ALCOHOLISM PROGRAM
CONTRACTUAL SERVICES
REHABILITATION SERVICES
CONSULTATION SERVICES
SPECIAL SERVICES, YOUTH GUIDANCE CENTER GERIATRIC SCREENING UNIT
MENTAL RETARDATION PROGRAM
DISTRICT HEALTH CENTER NO. 1
DISTRICT HEALTH CENTER NO. 2
DISTRICT HEALTH CENTER NO. 3
DISTRICT HEALTH CENTER NO. 4
DISTRICT HEALTH CENTER NO. 5
BUREAU OF RECORDS & STATISTICS
BUREAU OF DISEASE CONTROL & ADULT HEALTH
BUREAU OF PUBLIC HEALTH NURSING
BUREAU OF MATERNAL & CHILD HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
MICRO-BIOLOGY LABORATORY
CHEMISTRY LABORATORY
BUREAU OF HEALTH EDUCATION
BUREAU OF DAIRY & MILK INSPECTION
DIVISION OF TB CONTROL
DIVISION OF VD CONTROL
CRIPPLED CHILDREN'S SERVICES
MEDICAL SERVICES
COMMUNICABLE DISEASE, CHRONIC DISEASE, OCCUPATIONAL HEALTH SERVICES
DIVISION OF DENTAL HEALTH

AUGUST 1968

BUREAU OF RECORDS AND STATISTICS

BIRTH AND DEATH REGISTRY

During the fiscal year 1967-68, the number of births registered was 15,166, almost as many as in 1966-67. Recorded deaths decreased 3.5% to 9,341 in 1967-68 from 9,676 in 1966-67. Fetal death registration increased to 226 from 183 for the same period.

Revenue for the fiscal year 1967-68 showed an overall increase of 1.0% to $147,714 from $146,294 in 1966-67. Revenue for certified copies of births increased $1,719 or 3.1% more than the $55,836 collected in 1966-67. There was a 3.5% increase in the number of certified copies of birth certificates. The number of certified copies of deaths decreased 1.1%, revenue declined by one-half of 1%. The amount collected, $80,618, was $374 less than the $80,992 collected in fiscal year 1966-67. Fees collected for removal permits increased by one-half of 1% to $9,455 from $9,404 in 1966-67.

	FISCAL YEAR			Change 1967-68	Percent
REGISTRATION	1965-66	1966-67	1967-68	from 1966-67	Change
Births	16,986	15,222	15,166	- 56	-0.4
Deaths	10,315	9,676	9,341	-335	-3.5
Fetal Deaths	222	183	226	+ 43	+23.5
CERTIFIED COPIES	74,045	73,814	74,370	+556	+0.8
Births	29,144	30,139	31,192	+1053	+3.5
Deaths	44,901	43,675	43,178	-497	-1.1
TOTAL FEES COLLECTED	$148,646	$146,294	$147,714	+1420	+1.0
Certified copies of births	$ 54,169	$ 55,836	$ 57,555	+1719	+3.1
Certified copies of deaths	$ 83,984	$ 80,992	$ 80,618	-374	-0.5
Removal permits Deaths & fetal deaths	$ 10,401	$ 9,404	$ 9,455	+ 51	+0.5
Receipts for Searches	$ 92	$ 62	$ 86	+ 24	+38.7
FEES WAIVED	5,030	5,170	5,112	- 58	-1.1
Births	2,113	2,100	2,359	+259	+12.3
Deaths	2,917	3,070	2,753	-317	-10.3

The provisional estimate of population for July 1, 1967, made by the State Department of Finance was 747,500, an increase of 7,300 or 1.0% over the 1966 estimate of 740,200 and the 1960 census figure of 740,316.

Tentative and provisional rates for the United States, California and 4 Bay Area counties for the calendar years 1960-67 and final figures for San Francisco based on enumerated population for 1960 and estimated population for 1961-67 are:

YEAR	U.S.	CALIF.	ALAMEDA	CONTRA COSTA	MARIN	SAN FRANCISCO	SAN MATEO
			BIRTH RATES PER 1,000 POPULATION				
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.6	20.5	18.9	18.5	17.5	18.7
1965	19.4	18.9	18.5	17.7	17.1	16.4	17.6
1966	18.5	17.6	17.3	16.3	15.7	15.2	16.6
1967	17.9	17.2	16.7	15.9	15.5	15.1	15.9
			DEATH RATES PER 1,000 POPULATION				
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.8	6.6
1965	9.4	8.1	8.8	6.4	6.8	12.9	6.8
1966	9.5	8.2	9.0	6.1	6.5	13.2	6.9
1967	9.4	8.0	8.6	6.4	6.5	12.6	6.5

Although the birth rate in all jurisdictions shown continued the downward trend that started in 1958, the rate of decrease slowed down appreciably. The provisional birth rate of 17.9 for the U.S. is the lowest on record; the peak rate was 25.3 in 1957. California's 1967 rate was the lowest since 1940 when it was 16.2; its peak rate was 24.8 in 1947 with another high of 24.7 in 1957. San Francisco's birth rate of 15.1 in 1967 was the lowest since 1941 when it was 13.4. Three of the 5 counties listed showed small increases in the number of births; only Alameda and San Mateo had fewer births in 1967 than in 1966. Since 1960 the U.S. death rate has been remarkably stable. The California rate again decreased. In three of the counties, the death rate decreased; it remained the same in Marin and increased in Contra Costa County.

TABLE 1 presents important causes of death for San Francisco, California and the United States during 1967; figures for the latter two are provisional. Heart disease, cancer and vascular lesions of the central nervous system were the first, second and third leading causes and as usual San Francisco rates were considerably higher than either the U.S. or California. Cirrhosis was the fourth cause in San Francisco with a rate of 75.5; fifth in California with a rate of 21.1 and ninth in the U.S. with a rate of 13.8. Accidents were the fourth cause in California and the U.S. but fifth in San Francisco. Influenza and Pneumonia, the fifth cause in the U.S. was the sixth cause in both California and San Francisco. "Certain diseases of early infancy", the sixth cause in the U.S., was seventh in the state and ninth in San Francisco. It and Congenital malformations were the only groups of diseases on the list with lower rates in San Francisco than in the U.S. and California. Suicides, the seventh cause in San Francisco with a rate of 29.2 were in eighth place in California with a rate of 17.7 and eleventh in U.S. with a rate of 10.4. Diabetes, the eighth cause in the U.S. was in tenth place in San Francisco and eleventh in California. Emphysema was tenth in both the U.S. and California but eleventh in San Francisco.

TABLE 1
DEATHS FROM IMPORTANT CAUSES,
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1967

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.
ALL CAUSES	-	-	-	1256.5	801.6	936.0	100.0	100.0	100.0
Heart Diseases	1	1	1	454.6	299.2	364.6	36.2	37.3	39.0
Malignant Neoplasms	2	2	2	234.4	142.6	158.6	18.7	17.8	16.9
Vascular Lesions, C.N.S.	3	3	3	127.8	86.7	102.2	10.2	10.8	10.9
Cirrhosis of Liver	4	5	9	75.5	21.1	13.8	6.0	2.6	1.5
Accidents	5	4	4	62.6	55.4	55.5	5.0	6.9	5.9
Influenza and Pneumonia	6	6	5	36.3	20.7	28.4	2.9	2.6	3.0
Suicides	7	8	11	29.2	17.7	10.4	2.3	2.2	1.1
General Arteriosclerosis	8	9	7	24.6	14.5	19.0	2.0	1.8	2.0
Certain Diseases of Early Infancy	9	7	6	19.0	20.8	24.4	1.5	2.6	2.6
Diabetes	10	11	8	18.9	11.0	17.3	1.5	1.4	1.8
Emphysema	11	10	10	17.8	13.0	12.1	1.4	1.6	1.3
Aortic Aneurysms	12	13	14	15.4	6.8	6.0	1.2	0.8	0.6
Homicide	13	14	13	10.0	5.9	6.3	0.8	0.7	0.7
Ulcers of Stomach and Duodenum	14	15	15	8.8	4.8	5.1	0.7	0.6	0.6
Hernia and Intestinal Obstruction	15	16	15	8.2	3.9	5.1	0.6	0.5	0.6
Congenital Malformations	16	12	12	7.9	8.2	8.7	0.6	1.0	0.9
Nephritis	17	18	16	5.8	3.0	4.8	0.5	0.4	0.5
Infections of Kidney	18	17	17	5.4	3.4	4.3	0.4	0.4	0.5
Tuberculosis	19	19	18	5.1	2.5	3.3	0.4	0.3	0.4
All Other Causes	-	-	-	89.2	60.4	86.1	7.1	7.7	9.2

SOURCES:

San Francisco: Department of Public Health Records
California: Communication From State Department of Public Health
U.S. Provisional 1967 figures
Monthly Vital Statistics Report Vol. 17, No. 1, N.C.H.S. March 28, 1968

PERSONNEL DIVISION

The Departmental Personnel Office develops and administers a comprehensive personnel management program for employees in the Department of Public Health. It assists line management in carrying out city and county-wide personnel policy, thereby supplementing the work of the Civil Service Commission.

During the past fiscal year the work load in the areas of discipline, grievances, reclassifications, personnel records, procedures and reports have continued to increase in both complexity and amount.

Since requisitions relate to permanent vacancies created through resignations, relinquishments, terminations, lay-offs; or to vacancies of a temporary nature established through educational or military leaves, promotional opportunities, sick leaves, or a variety of other reasons, the necessary documentation of all such personnel transactions are a prelude to the submission of the actual requisitions. Thus, the increase in overall work load of the Division can be measured to some degree by an analysis of requisitions issued:

1967 - 1968

Permanent requisitions issued for 616 positions
Temporary requisitions issued for 1693 positions.

Delay in classification studies by the Civil Service Commission and a continued shortage of qualified personnel in the following classifications have continued to perpetuate and create problems in the department during the fiscal year:

Clerk Stenographer
Medical Clerk Stenographer
Medical Social Worker
Medical Transcriber Typist
Operating Room Nurse
Senior Physician Specialist
X-Ray Technician

The utilization of flexible staffing to fill vacancies by the Civil Service Commission is a relatively new concept, and at this date can not be validly evaluated. The near-list concept by the Civil Service Commission has not to date materially assisted to reduce the number of vacancies in the clerical series.

The salary increase for the nursing service has aided in the recruitment of nurses for permanent appointment; however, vacancies still exist.

Additional vacant positions representing a wide and varied occupational spectrum have been filled by appointment of limited tenure employees in the absence of civil service eligibles.

Permanent appointment of a regular civil service appointee to the Senior Departmental Personnel Officer classification has stabilized the turnover in the Personnel Office itself where this office has had six employees in the position within the past nine years.

The employee orientation program has been resurrected after a long absence. A detailed procedure for reporting and recording industrial injuries for Central Office bureaus and divisions has been completed and has been in effect for one year.

Additionally, the Personnel Office has been the coordinating agency for the Department of Public Health and is actively engaged in the "New Careers Program." Currently 38 trainees are engaged in the program.

The permanent positions of the department was distributed in the last three fiscal years as follows:

	1964-65	1965-66	1966-67
San Francisco General Hospital	1,436	1,456	1509
Laguna Honda Hospital	873	879	971
Central Office	457	465	471
Community Mental Health Services	231	242	281
Hassler Hospital	131	133	147
Emergency Hospital Services	97	97	97

BUREAU OF HEALTH EDUCATION

OBJECTIVES

Effective health education can bridge the gap between medical science and the use of health knowledge by the public. A health education program develops and provides information and experiences to attempt to motivate people to change their behavior with respect to health. Health Education services are:

1. Program Planning and Evaluation. There are educational aspects to most health department programs. Planning should include the setting of educational objectives and provide for evaluation of progress toward achieving program goals.

2. Community Organization. This is the process of working with community people to secure participation and support for health action.

3. Communication of Health Information. This is done through written materials, audio-visual services, use of mass media and speakers, etc.

4. Consultation. Health education consultation enables persons to plan, conduct and evaluate educational activities more effectively.

5. Training. Health education activities help provide effective training experiences for staff, volunteers and other professional and lay groups.

ACTIVITIES

Decentralized Health Education Services

As a part of the continuing development of decentralized health services to the public at the district level, another health educator was assigned to a district health center, providing three of the districts with health education services. It is anticipated that health educators will be assigned to the remaining two districts for the next fiscal year, providing health education services out of all five district health centers.

The district health educator works under the administrative direction of the District Health Officer with the professional supervision from the Chief, Bureau of Health Education.

Communication of Health Information

1. A free-loan film library of educational motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Film loan service directly to the public was discontinued in September 1966 and requests now are referred to the State Health Department Film Library in Berkeley which loans by mail from a more complete health film library. Our films are still available for programs in San Francisco when Department personnel are involved. The following table shows the use of the film library for the last three years:

Fiscal Year	Number of Requests for Films	Number of Film Showings	Total Attendance
1965-1966	929	1,270	54,518
1966-1967	612	889	58,908
1967-1968	478	862	44,287

2. The Bureau evaluated, procured and distributed printed health education materials for use by individuals and organizations in San Francisco. These pamphlets and posters were distributed directly to the public and indirectly through other professional staff of the Department. Many possible sources of free educational materials were explored and over one-half of the stock being maintained was obtained without cost. Consultation and advice was given on the suitability and effective use of these health education materials. The following table shows the distribution of pamphlet material for the last three years:

Fiscal Year	District Health Centers	Other Health Department Bureaus	Directly to Public	Total
1965-1966	54,886	13,721	7,916	76,523
1966-1967	63,819	8,162	6,896	78,877
1967-1968	37,847	5,231	2,011	45,089

3. Information was given to staff and the general public about health problems in San Francisco and the services of this Department. Talks were given by the Health Education staff; and assistance was given to staff and community groups in securing qualified speakers on health subjects.

4. A health reference library of selected professional materials and other educational resources was maintained and made available to both staff and the public. Selected reference material was routed to appropriate units of the Department.

5. The Department's Weekly Bulletin was prepared for the Director. This publication is distributed to the press, radio and television stations, hospitals, health agencies, school administrators, PTA chairmen, libraries, city officials and other community leaders, and to many private physicians, and other interested individuals.

BUREAU OF ENVIRONMENTAL HEALTH

The Bureau of Environmental Health is responsible for a wide range of Public Health Programs. The following is a list of the major activities of the Bureau:

Air Sanitation
Ambulance Control
Animal Bite Investigation
Complaint Investigation
Food Inspection - Restaurants, Markets, Caterers, etc.
Food Service Training Courses
Industrial Hygiene
Institutional Inspection
Laundry and Launderette Inspection
Mosquito Control
Plague Surveillance
Salvage Goods
School and School Cafeteria Inspection
Solid Waste Control
Water Quality Control

A report of these programs follows:

FOOD INSPECTION PROGRAM

The Bureau provides surveillance and control of all segments of the City's food industry. Food protection and control activities range from the continuing physical inspection of the premises where food is stored, manufactured and prepared, to the routine sampling and examination of food and food products. The majority of the City's food preparation, processing, and manufacturing establishments are licensed by the Bureau.

Statistical Summary of Food Inspections

Type of Establishment	Number of Inspections	Type of Establishment	Number of Inspections
Bakeries	1,470	Liquor Taverns	897
Breweries	41	Markets - General	2,068
Meat Markets	1,968	Other Food Factories	612
Candy Factories	114	Mobile Caterers	63
Candy Stores	1,482	Poultry	2,224
Canneries	9	Salvage Dealers	365
Delicatessens	1,596	Sausage Factories	14,228
Fish and Shellfish	839	Soft Drinks	406
Fruits and Vegetables	1,444	Warehouses	174
Grocery Stores	5,765	Restaurants	27,598

Food Sampling Data

Ground Meat	259
Other Products	50
Processed Meats	350
Rim Counts (Swab Tests) of Multi-Use Utensils	1,170

FOOD SERVICE TRAINING COURSES

This Bureau cooperates with the San Francisco City College in their Hotel and Restaurant Management Program by training students in this program in the area of food sanitation and protection, equipment maintenance, vector control, and the legal responsibilities of food service personnel.

In addition to the semi-professional instruction discussed above, food service training courses are also given to employees from commercial food establishments. public and private schools, hospitals and other institutions. Participation is on a voluntary basis.

INSTITUTIONAL INSPECTIONS

DETENTION FACILITIES

Annually, the City's detention facilities, county jails Nos. 1, 2 and 3, City Jail, Youth Guidance Center, Log Cabin Boys' Ranch, and Hidden Valley Ranch, are inspected for compliance with the standards established by the State Department of Corrections.

The inspections are undertaken in company with a nutrition consultant of the Bureau of Disease Control and Adult Health.

Institution Inspection Data

Number of Institutions Inspected	8

MEAT INSPECTION FOR CITY INSTITUTIONS

All meat, meat food products and poultry purchased for the City's institutions are inspected prior to acceptance. These products are examined to determine that grade, weight and quality meet required specifications. During the year approximately 830,000 pounds of meat, meat food products and poultry were inspected, and 85,000 pounds were rejected as not meeting the required standards.

SCHOOL AND SCHOOL CAFETERIA INSPECTIONS

All Public and Private Schools are inspected on a continuing basis. Inspections range from observance of food handling techniques by cafeteria employees to the evaluation of the adequacy and maintenance of kitchen equipment.

During the past year, the proper washing and storage of multi-use utensils was stressed.

School Inspections

Number of schools inspected	226
Number of schools requiring corrective action	90

COMPLAINT INVESTIGATION

The investigation of complaints is one of the principal activities of the Bureau, and requires a major portion of the field inspection staff's time.

Complaints are received from many sources, the public, City, State and Federal Agencies, and in recent years an increased number of complaints are originating from the lower socio-economic areas. All complaints are investigated and the appropriate action is taken.

Within any three month period, it is expected that complaints will be received relative to insanitary or occupational conditions in practically every type of residential business and industrial occupancy in the City. Each complaint requires an average of 2.5 calls.

Complaints

Received	10,124
Abated	7,957

CONDEMNATION HEARINGS

With the wide variety and number of enforcement actions initiated every year, it becomes necessary to take formal departmental action against certain residential property holders who are unable or unwilling to comply with corrective notices.

Condemnation Hearing Data

Cases before Director of Public Health	36
Structures or Occupancies Condemned	11

SOLID WASTE CONTROL

The Department of Public Health, pursuant to the Charter, is charged with the responsibility of permitting the City's Refuse Collection Companies, resolving complaints relative to service, and setting collection rates, where producer and collector are in disagreement as to proper charges.

Complaints Received	1,311
Complaints Abated	1,295
Removal Rates Adjusted	152

WATER QUALITY CONTROL

DRINKING WATER

San Francisco drinking water supply is under continuous surveillance by the Bureau Water Quality Control section. In cooperation with the Water Department a regular program of sampling is carried on.

The City drinking water, as in the past, continues to conform to the highest quality standards.

In addition to the City's principal water supply, there are five small suppliers and two bottled water companies.

Sampling Data	Bacteriological Tests	Chemical Tests
San Francisco Drinking Water	1,182	1,482
Small Water Supplies	110	
Bottled Water Supplies	107	

RECREATIONAL WATERS

The City's natural beaches used by the public for wading and swimming must meet California State Standards for Water Contact Sports. On many occasions the standards are exceeded on certain of the beaches because of sewage discharge particularly during rainy weather or for maintenance of disposal equipment. To insure that the users of these areas enter the water only when it is safe, water samples are routinely taken. The public is informed when the water does not meet the required standards by warning signs.

Sampling and Posting Data

Recreational Water Sampling	1,970
Beach Posting	1,425

SWIMMING POOLS

San Francisco currently has over one hundred public and semi-public swimming pools which have been constructed in accordance with the State Swimming Pool Act and under the supervision of this Bureau. Supervision of these facilities is continuous and includes chemical and bacteriological sampling of the water, examination of the required safety equipment, and a performance evaluation of the mechanical equipment.

Swimming Pool Samples

Bacteriological	631
Chemical	631

WATER RECLAMATION

The City currently has three water reclamation plants. They are located in Golden Gate Park, San Francisco Jail and the Log Cabin Boys' Camp.

Because the process involves the reclamation and reuse of sewage effluent for irrigation, it is mandatory that there be close surveillance and routine samples are taken at regular intervals.

LAUNDRY INSPECTION

The City's approximately six hundred automatic and commercial laundries are under permit and control of the Department. To insure the sanitary operation of these facilities every new installation is subject to control through enforcement of applicable construction codes. Existing laundries are routinely inspected several times a year, and complaints are answered within one day after receipt.

INDUSTRIAL HYGIENE INVESTIGATIONS

Industrial accidents, occupational exposures and diseases are investigated by the Bureau. This program is carried on in cooperation with the Bureau of Disease Control and Adult Health.

Types of Investigation

Chemical Exposure	8
Bends Resulting from Construction of Subway Tunnel	10

In the coming year it is planned that a city-wide survey of industrial establishments will be initiated. The purpose is to obtain a current inventory of this type of operation, the location, and any occupational hazards that may exist.

FUMIGATION INSPECTION AND PERMITTING

All fumigations involving the use of poison or noxious gases in San Francisco must be performed under a permit and inspectional control. Fumigations are given close surveillance from the standpoint of safety, not only to the adjacent neighborhood, but also the safety and health of the pest control operator. Operators are required to provide safety testing equipment, safety masks and necessary warning signs.

Fumigations	115

AIR SANITATION

In cooperation with the Bay Area Pollution Control District, this Bureau participates in a wide range of air pollution activities. These include air sampling and enforcement of incinerator conversions.

Air Sanitation Data

Air Pollution Samples	345
Weather Condition Observations	244
Visual Range Observations	242
Smoke-Odor Complaints Investigated	5
Smoke-Odor Complaints Abated	5

PLAGUE SURVEILLANCE UNIT

The Plague Surveillance Unit's task is the trapping of rodents for disease control. The unit also carries out poisoning of rodents that infest the sewers and other properties under the City's control. During the past year emphasis was placed on control in the rehabilitation areas, waterfront and the areas adjoining the Bay Area Rapid Transit project.

Rodents and ectoparasites collected were processed in the United States Public Health Service laboratory for the presence of *Pasteurella pestis*. All specimens were examined and found negative for plague.

During the past year there were 985 requests from the public for service. Assistance was given in each case and resulted either in the elimination of rat harborage or rat-proofing of premises. An estimated 4,665 rats were poisoned in sewers or dumps, beaches and other properties under City control.

RODENT CONTROL DATA

Rodents Trapped	9,237
Ectoparasites Collected	3,705
Rodents Poisoned (Estimated)	4,665
Premises Inspected	8,859
Premises Found with Rats	353
Total Number Trap Days	116,498

In May 1968, an application was submitted for Federal Rat Control funds in the amount of $500,000. When these funds are received an extensive program of con-

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trol will be initiated in the City's lower socio-economic areas.

Unemployed residents of these areas will be trained in rat control by the State Department of Public Health. Upon completion of their training they will then be hired by local commercial exterminators to aid in the control and extermination of the City's rats.

MOSQUITO CONTROL

The Bureau's control and extermination activities continue to maintain the City's mosquito population at a minimum level.

Evidence of the program's effectiveness is indicated by the decline of complaints since 1958:

Complaint Data

Year	Complaints
1958-1959	1,128
1959-1960	735
1960-1961	310
1961-1962	248
1962-1963	205
1963-1964	258
1964-1965	203
1965-1966	167
1966-1967	102
1967-1968	97

PRIVATE AMBULANCES

Private ambulances operating in the City are subject to regulation and control. Regular inspection is undertaken of each vehicle to insure that prescribed equipment is in satisfactory operating condition, qualified personnel are operating the vehicle, and that adequate liability insurance is being carried.

There are twenty-one private ambulances operating in the City, which are being inspected quarterly.

SALVAGE GOODS

San Francisco is unique in that it has a salvage control program administered by the local Department of Public Health. The public health laws governing the reconditioning and sale of salvage goods were enacted in 1936, following a tragic occurrence of food poisoning in which three persons died.

At the present time there are six licensed salvage dealers operating under permits issued by this Bureau. These operators are licensed and trained to recondition damaged merchandise. Where the containers alone have been damaged and no contamination or spoilage of the product itself has occurred, the merchandise may be reconditioned by relabeling or repackaging and offered for sale under the supervision of this Department. Materials which have become damaged or spoiled are declared "unfit" for salvaging and are condemned and destroyed to insure their proper disposal. About a quarter of a million pounds of such "unfit" goods are condemned and destroyed each year. The San Francisco Health Department was the first official health agency to recognize the public health importance of regulating salvage operations. Since the enactment of this ordinance over thirty years ago, no adverse incident has occurred from the use of this type of merchandise.

ADMINISTRATIVE HEARINGS AND LEGAL ACTIONS

A useful administrative procedure has been developed within the Bureau which has been successfully utilized to maintain the number of formal legal proceedings to a reasonable level. Persons that have not satisfactorily complied with the Department's directives are requested to meet with the Bureau Chief, to consider solutions which will eliminate the conditions requiring correction and preclude further legal action.

The following data reveals the extent to which the Abatement Hearings are utilized and the small percentage of more formal legal procedures that are required after this type of administrative hearing:

Abatement Hearings	
Food	58
General Sanitation	93
Total	151

Formal Actions	
Permit Revocation	32
Arrests	6

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BUREAU OF DAIRY AND MILK INSPECTION

PURPOSE

The Bureau of Dairy and Milk Inspection provides supervision of the fluid milk industry to insure a safe, high quality milk product for the City and County of San Francisco. The activities of inspection begin at the dairy farms in the rural areas, to the skimming and cooling stations, transporting the milk to the processing plants, pasteurizing and distribution of the milk to the ultimate consumer. Legal enforcement for these high standards is provided for in the California Agricultural Code and regulations of the Health Code of the City and County of San Francisco.

PRESENT PROGRAMS

To provide for proper surveillance of the fluid milk industry, the inspectors spent 38 percent of their time doing off hour inspections at the dairy farms and in the pasteurizing and packaging plants. This Bureau is dependent on the Public Health laboratories for bacterial, antibiotic, and chemical analysis of products submitted. The sediment determination and California mastitis tests are performed by the inspectors. The responsibility of collecting fees totaling $155,172.09 from the Dairy Industry is a function of this Bureau, to help defray the cost of inspection, analysis expense of dairy products and administration.

The Dairy industry is subject to many changes and is constantly developing new techniques and highly engineered equipment to speed up processing and packaging. Automation is foremost in operating the larger plants located in this city, to save time and labor which ultimately reduces unit cost.

Pasteurized, homogenized, vitamin fortified milk, processed in San Francisco, is being distributed over Northern California and as far south as Kern County. New inspection techniques, and new technology is necessary to keep pace with this industry.

DAIRY FARM INSPECTION

Regulatory supervision of 593 dairy farms covers; construction of dairy buildings, proper installation of equipment in the dairy buildings, a safe and protected water supply for the dairy operation, proper waste disposal, control of the use of antibiotics and pesticides, excluding unhealthy cows from the milking herds, and sanitary production and handling of milk. This bureau utilizes the services of five state approved laboratories located in rural areas of the San Joaquin Valley and the North Bay Counties to supplement the work of our laboratory.

PROCESSING PLANT INSPECTION

The inspectors of this Bureau supervise the processing of fluid milk and milk products in fifteen processing plants. Samples of the raw and pasteurized products are taken at the plant and submitted to the laboratories for analysis to determine if the bacterial and chemical standards are being maintained. Supervision in these plants, cover construction of plants being built or remodeled, construction and type of milk handling equipment proposed for milk processing, proper installation of equipment in the plant, and proper terms used on labels of milk cartons and other milk containers.

Inpsection and surveillance to insure proper and complete pasteurization of the total milk supply being processed in San Francisco is this bureau's responsibility.

MILK PERMIT INSPECTION

Milk permits were issued to 1275 groceries and delicatessens located within the City and County of San Francisco. Due to pricing regulations of the California Milk Control Board, the milk in stores is held for longer periods before reaching the consumer, therefore, greater emphasis is being made by the industry to maintain a longer "shelf life" of the fresh milk.

During the year 1967-1968; 869,252 pounds of milk was degraded from Grade A usage; 10,450 pounds of milk was condemned for human consumption as result of improper production, processing or handling of this perishable product.

Statistical data and tables are submitted to show the average microbiological content, the milk fat and solids not fat content, the average consumption rate in San Francisco, the number of samples taken by the staff and the number of inspections made during the fiscal year.

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QUALITY OF MILK AND MILK PRODUCTS TABLE NO. 1

Outlined below is the average tests of milk fat, solids not fact and bacteriological count of all milk and milk products analysed:

	Percent Milk Fat	Solids Not Fat	Bacteriological Colonies per Milliliter
Grade A raw milk received from Producers for Pasteurization	-	-	9,800
Bulk Tankers of Grade A raw milk received at Pasteurizing Plants	-	-	16,800
Grade A pasteurized milk taken at Pasteurizing Plants	3.78	8.88	350
Grade A pasteurized whipping cream	36.83	-	400
Grade A pasteurized all purpose table cream	29.30	-	1,900
Half and Half pasteurized	12.33	-	200
Pasteurized skim milk (non fat)	-	-	300
Flavored Milk Drinks, includes Chocolate drinks, Ice Milk mix, Milk shake mix and Egg Nog	2.76	-	500
Concentrated milk pasteurized	10.42	25.55	300
Pasteurized Low Fat Milk	2.04	10.24	300
Grade A pasteurized milk taken from groceries, delicatessens, hotes and restaurants (includes dispensers)	3.70	8.78	2,200

DAILY DISPOSITION OF FLUID MILK PRODUCTS PROCESSED
IN SAN FRANCISCO DURING CALENDAR YEAR, 1967

TABLE NO. 2

	Past. In S.F. (Gal)	Past In S.F. Sold Elsewhere (Gal)	Balance Sold In S.F. (Gal)	Past. Elsewhere and Sold In S. F. (Gal)	Total Daily S.F. Sales 1967 (Gal)	Total Daily S.F. Sales 1966 (Gal)	Inc. Dec. + - 1967 (Gal)	Inc. Dec. % + - 1967 (Gal)	Consumption Capita (Pints)
Market Milk	127,949	77,937	50,012	11,761	61,773	53,574	+8607	+6.18	.665
Half & Half	4,126	1,750	2,376	390	2,766	2,831	-65	-2.3	.030
Cream	653	359	294	64	358	374	-16	-4.28	.004
Non Fat	6,003	3,830	2,173	984	3,157	3,232	-75	-2.3	.0338
Buttermilk	3,267	2,348	919	364	1,283	1,234	+49	+3.8	.0137
Flavored Milk Drinks	2,990	1,804	1,186	404	1,590	1,525	+65	+4.09	.0170

BASED ON POPULATION OF 747,500 (1967)

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NUMBER OF SAMPLES TAKEN FOR ANALYSIS: TABLE NO.3

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Product)	12,694
Pasteurizing Plants (Raw Product)	6,654
Pasteurizing Plants (Pasteurized Product)	9,150
Groceries, Delicatessens, Public Eating Places (Pasteurized Product)	841
Sediment Determination	9,084
California Mastitis Test	8,161
Rinses and Swabs	1,330
Water Supplies	228
Total Samples	48,142

TYPES AND NUMBER OF INSPECTIONS MADE TABLE NO. 4

Listed below are the types and number of inspections made by the staff during the fiscal year 1967 - 68:

Dairy Farms	11,662
Skimming and Cooling Stations	994
Pasteurizing Plants	1,750
Groceries, Delicatessens and Public Eating Places	1,439
Cheese, Butter and Ice Cream Factories	46
Miscellaneous	23
Complaints	69
Total Inspections	15,933

BUREAU OF MATERNAL AND CHILD HEALTH

The responsibilities of the Bureau of Maternal and Child Health include the following services: Maternal Health Services (including Family Planning Services), Child Health Conferences, Diagnostic Centers for Visual, Hearing and Cardiac Problems, School Health Services, and Dental Health Services. In addition, the Bureau administers a Maternity and Infant Care Program funded by the Children's Bureau. The staff of the Bureau of Maternal and Child Health works closely with the Bureau of Public Health Nursing and the Bureau of Disease Control, and maintains close liaison with other public and private agencies in the health field. This results in better and more efficient overall planning of programs and also keeps the community informed about the activities of the Health Department.

MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS

During 1967, there was a total of 1132 deliveries at San Francisco General Hospital, compared with 1382 in 1966. The drop can be attributed to Medi-Cal as well as the general reduction in the birth rate. Of these 1132 deliveries, 1119 resulted in live births.

One Public Health Nurse serves the Maternity and Pediatric Clinics at San Francisco General Hospital and initiates the necessary liaison for follow-up of these patients in the Districts. The Nutritionist of the Bureau is actively participating in the weekly "High-Risk Clinic" at San Francisco General Hospital.

Classes for expectant parents are continuing at District Health Centers #4 and #5.

CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The Child Health Conference is designed to provide quality well-child supervision to infants and pre-schoolers. Besides physical examinations, immunizations and certain screening procedures, anticipatory guidance and parental counseling are offered to insure quality care of the "whole child". The physician, the clinic public health nurse, and the district public health nurse work as a team to give maximum service to any given child.

The Health Department conducts 38 Child Health Conferences per week in 19 different locations. In fiscal year 1967/68 a total of 9897 individual children were seen. They made a total of 26,028 visits. The average number of children seen in a session was 14. This is an optimum number and allows service to be given in depth.

The Immunization Centers held at regular intervals in all Health Centers, are open to school children to insure an adequate level of immunity against communicable diseases. These services are offered to those children who otherwise would be unable to obtain them through private sources because of marginal parental income. Skin testing for tuberculosis is also offered in the Immunization Centers.

CRIPPLED CHILDREN SERVICES

This tax-supported program which started nationally in 1935 as part of the Social Security Act, provides medical care and rehabilitation for the physically handicapped child from birth to age 21 years. It is administered by the San Francisco Health Department and is funded by local, State, and Federal monies.

The medical eligibility emphasis is toward the child with a chronic disease condition, often with multiple handicaps, who needs the services of several disciplines over a long term. Physical defects include most conditions which are correctable by medical or surgical treatment, such as congenital anomalies and results of accidents. For a 7½-month period from mid-August 1967 to April 1, 1968, "100 conditions" considered to be least catastrophic, were removed from the eligibility list by the State Department of Public Health in order to keep within the budget. Budgetary problems arose when hospital costs changed to "reasonable rates" from the previous negotiated flat rate. Coordinated State-wide efforts produced a supplementary legislative appropriation of $750,000 which restored strabismus, malocclusion, and other conditions to the eligibility list.

Diagnostic services are provided without financial screening for suspected medically eligible conditions. However, a Crippled Children Services Medical Social Worker has to determine that a family is not able to pay for either all or part of the care, before the recommended treatment can be provided. For those who can pay something, a repayment plan is made.

Presently there is an ongoing process to develop uniform financial eligibility throughout the State as requested by the Legislature.

The current caseload is 1,818 active cases in CCS, of which about 30% are Medi-Cal-CCS cases. The latter are children certified under the California Medical Assistance Program who have a CCS eligible condition and are referred to the Crippled Children Services program for case management.

For implementation and coordination of the child's care, CCS personnel attend meetings where the child is discussed in medical, educational, and social terms. The attempt is also to maintain communication with outside facilities and avoid duplication in planning. Such meetings include the staffing at Neurological Diagnostic Centers, Cleft Palate Panels, and Admission Committees to schools or classes for the handicapped.

EAR, EYE AND CARDIAC DIAGNOSTIC CENTERS

Children with a suspected handicap in any one of the three areas named, may receive more definitive diagnostic screening services in these Centers. Referrals may come from a private or health department physician, public health nurse, vision screening technician, audiometrist, or parent. Parents are assisted with interpretation of findings and counseling, and with appropriate referral when further observation or medical care is needed.

EAR CENTER

Kindergarten, third, and sixth grade children were tested for hearing acuity as were children suspected of possible hearing loss and those new to San Francisco at any grade level.

Such service was also given to Civil Service employees referred from pre-employment examinations and groups of young adults referred from EOC program. In fiscal year 1967-68, 35,009 individual children were tested in schools (40,190 total tests) of whom 1103 failed the test (5%). The otologist in the Ear Center examined 883 children; found 198 with normal hearing and 685 with a hearing loss. In the latter group, the distribution was as follows: conductive hearing loss 231, perceptive hearing loss 111, high-pitch loss 262, and deferred diagnosis 81.

EYE CENTER

For earlier detection and correction of visual defects, visual screening was done in the Kindergarten, first, third and seventh grades as well as of children new to San Francisco at any grade level and those with signs or symptoms of eye problems. The transition has been made so that future testing will be done in Kindergarten and not in the first grade.

The three vision screening technicians employed by the Unified School District tested 35,036 individual children (40,118 tests). The Public Health Nurses tested 14,958 individual children (19,450 tests) in all the private and in some smaller public schools. The grand total for both groups was 49,994 individual children tested (total of 59,064 tests).

The Eye Center has been staffed by two new ophthalmologists on separate days each week since the beginning of 1968 when the ophthalmologist who had been in the program for 13 years, resigned. During fiscal year 1967-68 a total of 2,093 children were examined and 1,155 were referred for follow-up.

CARDIAC CENTER

The objective of this service is to identify the child with possible organic heart disease, as well as to "delabel" the child with an innocent functional heart murmur. In fiscal year 1967-68 a total of 138 cardiac examinations were done. The Cardiac Registry for Rheumatic Fever offers the services of the Diagnostic Center to the community when so indicated. This enables physicians to arrive at a correct diagnosis without expense to the family on marginal income.

SCHOOL HEALTH SERVICES

The aim of the School Health Services is to assure that each child attending school attains maximum benefit from the educational process. Any handicap, whether physical or emotional, will prevent this. These services are available to all school children in San Francisco. In school year 1967-68, the physicians of the Department of Public Health examined a total of 11,820 children. These same physicians were active in the individual schools, giving group talks,

consulting with school personnel and discussing individual children in conferences. As in the past, we are urging parents to have their children regularly checked by the family physician. Screening programs to detect vision and hearing defects as described above, constitute an integral part of the School Health Program.

Tuberculin skin testing continues to be an important aspect of the School Health Program. During school year 1966/67, 38,390 students were tested (these figures because of the follow-up time needed, are 1 year behind the other statistics). Seven hundred and eighty three (783) reacted positively (2.0%). Twenty-five (25) cases of active tuberculosis were found; 15 in children and 10 in family contacts.

The Central Health Committee, composed of representatives of the Department of Public Health, the Unified School District, the Archdiocese of San Francisco, and the San Francisco Medical Society, is an active group determining and interpreting procedures and policies concerning the operation of the School Health Program. Other community groups are invited to bring problems of school children and/or suggestions for a better School Health Program to the attention of the Central Health Committee at any time.

The staff of the Bureau of Maternal and Child Health continues to cooperate with physicians and nurses employed in the Pre-Kindergarten Program (Elementary and Secondary Education Act of 1965) and operated by the Unified School District.

MCH FUNDS - COMPREHENSIVE HEALTH SERVICES
(previously known as MCH Federal Categorical Allotment)

These additional, non-matching funds, allotted by the Federal Government through the State Department of Public Health, enabled the Bureau to continue and initiate the following programs:

(a) Public Health Nutritionist: This staff member functions primarily in the area of staff education and consultation. She also maintains close liaison with various professional members of the Unified School District and other public and private agencies. The Nutritionist spends 1 day per week at San Francisco General Hospital, where she gives direct service to mothers enrolled in the High-Risk prenatal clinic.

(b) Family Planning and Cancer Detection: There were seven clinics a week at four different locations for Family Planning and Cancer Detection (four daytime sessions and three evening sessions). Since the first clinic opened in District Health Center #4 in November 1966, two were added in 1967; one in District Health Center #1 and the other in District Health Center #3, and a fourth clinic was opened in January 1968 at District Health Center #2.

Family Planning and Cancer Detection sessions have increased during fiscal year 1967-68 to 318 sessions with an attendance of 3590. All methods of contraception are discussed and patients are encouraged to select the method of contraception they find most compatible. Instruction is given in the rhythm method to those who so desire. Pills and vaginal foams are dispensed and all patients are counseled in their proper use. Patients are referred to Planned Parenthood if they elect to use an intra-uterine device.

In the area of cancer detection, Papanicoloau smears of the cervix are done yearly. The breasts and the thyroid gland are carefully examined for possible lumps.

vision and hearing defects as di[illegible] consultation in [illegible] of the School Health Program.

All [illegible] school [illegible] of the school [illegible] students were [illegible] (those [illegible] the following [illegible] needed, and [illegible] year [illegible] other [illegible] (???) [illegible] positively [illegible] found; [illegible]

The Carrier has the [illegible] of Public Health [illegible] San Francisco [illegible] the School Health Program. [illegible] school children [illegible] Health Program [illegible] at any time.

The staff [illegible] with physicians and [illegible] (Eleanor [illegible]) and operated by the Unified School District.

MATERNAL [illegible] CHILD HEALTH [illegible]
(previously known as MCH [illegible])

This [illegible] by the Federal Government through the State [illegible] and [illegible]

(a) [illegible] This staff member [illegible] primarily in [illegible] and consultation. She also [illegible] liaison with [illegible] Unified School District and other public [illegible] at San Francisco General Hospital where she gives direct service [illegible] enrolled in the [illegible] clinic.

(b) Family Planning [illegible] There were seven clinics a week [illegible] Family Planning and Cancer Detection (four [illegible]). Since the first clinic opened in District Health Center #4 in December 1966, [illegible] one in [illegible] District Health Center #2, and a [illegible] in January 1968 at District Health Center #1.

Family Planning [illegible] increased during fiscal year 1967-68 [illegible] with an attendance of 1200. All methods of contraception are discussed and patients [illegible] of contraception [illegible] is given [illegible] method [illegible] Pills and vaginal foams are dispensed [illegible] patients [illegible] Planned Parenthood [illegible]

In the area [illegible] of the [illegible]

(c) Pregnancy Testing Program (New): This program was started in January 1968 in an attempt to encourage early prenatal care and family planning for women and girls in San Francisco. Free pregnancy tests are available to all women and girls in San Francisco who are concerned about possible pregnancy and who feel that for financial, emotional, or other reasons, they are unable to contact a physician or clinic.

The service is available through District Health Centers #1, 4, and 5. A private clinical laboratory by contract, performs 2 screening tests with a 95% accuracy level when done appropriately. These tests are reported to the District Health Centers within 24 hours. District staff interpret the results to the patient and provide confidential consultation.

From January 1968 through June 1968, 148 tests were done, of which 67 were positive and 81 negative of those tested. Seventy-nine (79) women were single, 55 married, 10 separated, and 6 divorced. Eighty-four (84) had no previous history of pregnancy.

(d) Public Health Nurse for Pregnant Teenager Program (New): About 2 years ago the Unified School District in cooperation with the San Francisco Department of Public Health and the Young Women's Christian Association, initiated a program to give coordinated, comprehensive service to pregnant teenagers. Public health nursing services, academic education, and social work services are given to these girls in small groups and in depth. The public health nursing time needed for this program and paid for by this special allotment, allows the Department to contribute to the program without taking time away from any other program.

MATERNITY AND INFANT CARE PROJECT

This program which began in July 1965, offers intensive services to women who are medically high-risk and who are of low socio-economic status. The intent of this legislation is to reduce mental retardation and other birth defects in their babies through high quality and intensive medical and paramedical services. Women residing in census tract J 11, 12, 13, 14, 16 and 17, are eligible for this service. The program is based at St. Mary's Hospital, located in census tract J-14, where all medical care is given, thus practically eliminating distances for most of these patients.

The paramedical services include intensive public health nursing service, social casework, and nutrition service. All infants born of these mothers are followed for one year. Funds for this program are derived as follows: 75% federal cash contribution and 25% matching in services from the San Francisco Health Department plus a cash contribution by United Cerebral Palsy Association of San Francisco. In fiscal year 1967/68, the project admitted 108 women and delivered 99 infants.

YOUTH GUIDANCE CENTER

On March 1, 1968 the medical and dental services at Juvenile Hall were formally transferred from the Juvenile Court to the San Francisco Department of Public Health. The statistics of the medical services for calendar year 1967 will still appear in the Annual Report of Juvenile Hall. Since many changes are in the process of being made, including the way of collecting statistics, next year's Annual Report of this Bureau will contain a complete report.

SUMMARY AND RECOMMENDATIONS

Traditional programs continue, are changed, and new programs are added. The addition of new programs usually entails staff-education and re-orientation, a time-consuming process. Due to special funds and project monies, all services given by the Bureau are broadened and enhanced. Even if the volume of some services has decreased, the actual service rendered has more depth and more meaning today.

Unmet needs still exist: (a) Crippled Children Services needs additional social work time; (b) an additional Audiometrist is needed to broaden the testing program to include hearing conservation education in secondary schools; (c) administrative personnel is needed for evaluation of all programs in greater depth. All of these requests and others have been made through regular budgetary channels and will be made again. The transition period we are facing in relation to Public Law 89-749, will create new problems temporarily but should result in long-range changes for better programs.

DIVISION OF DENTAL HEALTH

(1) Care programs: Children, who are residents of the City and County of San Francisco, are eligible to have topical fluoride applications, fillings, extractions, and other dental work done. Children past the age limit of 13 can have emergency treatment.

(2) Educational program: Dental Hygienists carry on instructional activities, demonstration projects, and do dental inspections in the schools to promote good oral hygiene. A majority of these projects are supported by the San Francisco Dental Society. In the afternoons the dental hygienists perform oral prophylaxis and topical applications of sodium fluoro-phosphate. This past year our dental hygienists were actively engaged in examining Head Start children.

During the fiscal year 1967/68, the following services were performed in our clinics:

Patient visits	17,118	Schools visited	101
Silver and porcelain fillings	18,270	Parent-Nurse-Teacher Conferences	60
Extractions	3,262	Snyder tests performed	34
Other treatments	8,530	Topical fluoride treatments	1,778
X-Rays	10,034	Prophylaxis	1,994

ON-THE-JOB-TRAINING - SAN FRANCISCO CITY COLLEGE

Public Health Department Dental Clinics serve as on-the-job-training sites for dental assistants attending City College. This program has been very satisfactory in that our dentists have had chairside assistance which increases their productivity. In some phases of dentistry where it is mandatory to have help, as with extractions and patient management problems, it would have been impossible to work without these students.

"NEW CAREERS" AND "YOUTH OPPORTUNITY CORPS"

The Dental Bureau has been actively engaged in training dental aides at the Health Department Clinic at 101 Grove Street, and in the various district health centers. These trainees will get intensive on-the-job training coupled with academic instruction so that they may later actively compete for jobs as dental aides with their newly acquired backgrounds.

OPERATION HEADSTART: There was a continuation of this program during the summer of 1967. Our dental hygienists did not survey the children, but assisted in getting these patients to the private practitioners and were concerned with seeing that these children had adequate follow-up.

ORTHODONTIC SCREENING CLINICS: There were two orthodonic screening clinics during the fiscal year in the Central Dental Clinic. These clinics determine eligibility of children with malocclusions to be treated under the auspices of the Crippled Children Services Program. The screening panel is composed of four orthodontists who by law must be specialty board members of the Pacific Coast Society of Orthodontists.

CARIES ACTIVITY TEST: This is a bio-chemical test that measures the amount of acid production that occurs in a caries susceptible individual. This test requires the active participation of the student and is most impressive as an educational tool. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years, due to their financial support in the form of necessary equipment, supplies, and additional visual aids. The staff of the Dental Division has had numerous requests for demonstrations and for literature describing how this caries activity test is performed. It has been shown to dental auxiliaries, health education classes, and health departments in other jurisdictions.

DISTRICT HEALTH CENTERS: We are presently operating in District Health Centers #1, #2, and #3 and are planning to move into District Health Center #5 in the early fall. District Health Center #3 has four dental operatories. The others have two dental operatories.

CO-ORDINATION WITH OTHER AGENCIES

There are an increasing number of agencies currently providing care throughout the city. Federal funds are being made available in the form of grants, projects, demonstrations, etc. which sometimes leaves much to be desired in the way of co-ordination. It is hoped that Public Law 89-749 will possibly serve to prevent this duplication and make for better continuity and co-ordination of dental care.

SELECTED STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	Fiscal Year 1966/1967	Fiscal Year 1967/1968
Total population in San Francisco	740,200	747,500
Number of Schools - Public and Private	206	206
School Population	122,035	127,775
School Examinations - by DPH Physicians	13,850	11,820
Number of Child Health Conferences	1,952	1,845
Child Health Conference Attendance	28,042	26,028
Average per session	14.4	14.1
Number of Immunization Centers	351	347
Immunization Center Attendance	16,519	15,557
Diphtheria-Pertussis-Tetanus Immunizations*	18,150	15,470
Measles Immunizations	2,772	2,970
Polio Immunizations	17,708	14,441
Smallpox Immunizations	3,583	3,112
Tuberculin Skin Tests (exclusive of School Testing Program)	18,147	17,183
Total Immunizations and Tests given in CHCs and Immunization Centers	60,360	53,176
Ear Center Attendance	805	883
Eye Center Attendance	2,361	2,093
Cardiac Center Attendance	211	138
Family Planning Clinic Sessions	120	318
Family Planning Clinic Attendance	930	3,590
Pregnancy Tests	-	148

*Includes injections of D-P-T and D-T.

BUREAU OF PUBLIC HEALTH NURSING

Public health nurses comprise a major group within the total health team whose primary concern is community health. They draw upon their basic knowledge and skill as professional nurses as well as the philosophy, content, and methods inherent in public health practice. Public health nursing is provided to individuals and families in a variety of settings such as homes, schools, health centers, and hospitals. As members of the health team, they are concerned with the promotion of health, the prevention of disease, and the diagnosis and treatment of community health problems. Their specific contribution as members of the team derives from their day-to-day involvement with people in their natural environment. The problems they deal with require close communication and planning with physicians, health and social agencies, citizen groups, and with other disciplines within the Health Department.

The Bureau of Public Health Nursing coordinates and plans for public health nursing services within the Department. It is also concerned with enabling nurses to realize their fullest potential for development in carrying out their responsibilities.

RELATIONSHIPS

The scope of functions of public health nurses are expanded or restricted in direct relation to changing community needs and the availability of allied personnel. Planning for services to specific communities is done primarily at the health center level. In the three health centers that have been completed, representatives from nursing, health education, dental health, mental health, and environmental health plan with the district health officer for the kind and scope of health services needed in their specific districts. Each discipline brings to the planning and evaluative sessions the expertise of its field of practice, thus providing for more efficient utilization of their specific functions and abilities.

Broad program planning and the establishment of standards rests with the specific program bureaus or divisions. The Bureau of Public Health Nursing, as a service bureau, defines appropriate nursing functions and establishes standards of practice. The responsibilities of public health nurses, clinic nurses, and assistants to nurses are determined in line with the basic preparation of each group. In-service education programs are developed to meet the needs of staff for specific knowledge and skills necessary for new programs. The development and revision of policy and procedure manuals as guidelines for functioning in new or on-going programs is the result of the work of interdisciplinary committees.

CURRENT ACTIVITIES

New and changing programs over the past year have led to a modification in the assignment of nursing time in order to staff all programs with existing personnel. As indicated in past reports, efforts continue toward releasing nurses from those responsibilities which can more appropriately be done by clerks or other assistants, so that nursing time can be used for activities that require the specific preparation of the nurse. As new clinic operations have developed, it has been possible to replace one public health nurse in each of these with a clinic nurse, thus releasing public health nursing time for more concentrated service to individuals and families with complex problems. In addition there has been an increase in the amount of public health nursing time devoted to the education of and consultation to groups.

HOME VISITS

About fifty per cent of all public health nursing time is in behalf of individuals and families in their homes. It is interesting to note the trend over the past three years as reflected in the recorded statistics of daily visits.

Number of Public Health Nursing Visits
By Service
Per Year 1965 thru 1967

	Pre-natal	Post-natal	Health Supv.	Tuber-culosis	Other Comm. Disease	Crippled Children	Mental Health	Chronic Illness
1965	12287	7262	27177	19139	417	7000	1459	3533
1966	10680	6423	27209	17931	303	6551	1895	3822
1967	10024	6461	31447	15755	392	5734	3354	6518

The decrease in pre-natal and post-natal visits can be laid in part to the introduction of the medi-Cal program which enabled women who formerly enrolled at San Francisco General Hospital to utilize other resources. This has meant that public health nurses had to reach out to other hospital clinics and to private physicians in order to reach those persons who might need and benefit from pre-natal instruction and instruction in or demonstration of infant care. The introduction of newer contraceptive devices and the increase in family planning clinics were also felt to have had an effect on the number of pregnant women needing service.

[illegible] STUDIES

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Some of the decrease in visits to persons with tuberculosis and their families can probably be interpreted as reflecting better comprehension of the responsibility of public health nurses in the follow-up of contacts to cases. Visits to persons with tuberculosis dropped from 6028 in 1965 to 5876 in 1967, while visits to their contacts fell from 13111 in 1965 to 9879 in 1967. A recent seminar held for nurses in Northern California for the purpose of updating their knowledge of the disease and emphasizing the importance of teaching by public health nurses should lead to increased skill in providing this service.

Another major area where visits decreased was in services to crippled children. The drop from 7000 visits in 1965 to 5734 reflects, in part, more accurate assessment of needs for service as well as a decrease in the number of individuals requiring nursing visits.

In two areas of service, the number of visits increased in the three year period. Mental health visits increased from 1459 to 3354, while chronic illness visits increased from 3533 to 6518. These figures not only demonstrate an increase in needs within the community, but also an increase in interest and concern of the public and of nurses. The increase in referrals reflects an understanding that public health nurses do, in fact, have a responsibility for providing such services. Mental health problems are not solely those of the mentally ill returned from hospitals, but also those emotional problems of school children and their families. Chronic illness is primarily, but not entirely, reported as those problems of the older population.

A breakdown of the number of visits by age group for the same three year period reflects an increase in those age groups where such problems are more likely to be recognized.

Number of Public Health Nursing Visits
By Age Group
1965 thru 1967

	1965	1966	1967
Less than 1 year	12,396	9,831	11,415
1 - 4	8,248	5,146	7,709
5 - 19	22,209	17,172	24,313
20 - 44	26,015	18,013	26,693
45 - 64	5,373	4,303	7,312
65 and over	3,909	3,109	5,427

[illegible] dropped from 5034 in 1965 to 5270 in 1966, while [illegible] fell from 3111 in 1965 to 2929 in 1966. A major [illegible] increase in workers [illegible] for the purpose of reducing [illegible] diseases and on raising the importance of teaching [illegible] skill in providing this service.

[illegible] employed [illegible] 1966 to 5734 in 1967, [illegible] a decrease in the number of [illegible] industrial [illegible] activity.

[illegible] of visits increased in the [illegible] from 1965 to 3344, while [illegible] visits increased from 3245 to 5518. These figures [illegible] increase in visits in the community, but also on increases in [illegible] and [illegible] of public health nurses. The increase in referrals reflects an [illegible] public health nurses in fact have a responsibility for [illegible] service. Internal [illegible] probably are not [illegible] the [illegible] internal [illegible], but also those [illegible] of [illegible] in their families. Overall, illness is [illegible] not [illegible] as a [illegible] under [illegible]

[illegible] the [illegible] for the [illegible] [illegible] increase in [illegible] and [illegible] [illegible] recognized.

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible] than 1 year	[illegible]	[illegible]	[illegible]
[illegible] 4	[illegible]	[illegible]	[illegible]
[illegible] 19	[illegible]	[illegible]	[illegible]
[illegible] 44	[illegible]	[illegible]	[illegible]
[illegible] 64	[illegible]	[illegible]	[illegible]
[illegible] and over	[illegible]	[illegible]	[illegible]

In reviewing service statistics, it again must be stressed that only one service is recorded for each individual on each visit. A person with tuberculosis might have a mental health problem which appears to be the major problem at the time; thus the service related to mental health is more often recorded than that in relation to tuberculosis even though both services are provided during a single visit. The interrelatedness of health problems cannot be ignored for it is the rare occasion when only one service is provided.

Not included in the statistics, but a very time consuming and important part of service for families, is the communication between nurses and other professionals collaborating in patient care. Case conferences between agencies, between nurse and physician, between nurse and supervisor or consultants, enable all workers to define better the most effective means of helping people resolve or live with their problems. As the availability and utilization of community health and social resources increases, so does the need for public health nurses to define their contribution and to make significant referrals to such resources.

GROUP TEACHING

Another means of more efficiently reaching larger numbers of citizens has been through various group activities. Not only has the nurse conducted selected group sessions in schools, but she has expanded her services a bit more each year by leading discussions for expectant parents, for mothers in relation to child care, and for senior citizens in general health principles related to changing life patterns.

Four nurses conducted eight sessions per week on pregnancy and child care for pregnant teenage girls in the Special Service Centers of the Unified School District. These sessions will be increased during the next year with two more nurses providing leadership for four more groups.

In the Maternal and Infant Care Project at St. Mary's Hospital, the public health nurse participated along with the social worker and nutritionist in group sessions for mothers enrolled in the Project. She further reported the need to provide increased individual counseling to expectant mothers in the clinic setting since many were so transient in the Haight Ashbury district that the district nurse was unable to locate them.

In response to a request from Florence Crittenton Home, one public health nurse taught classes in child care to residents who planned to keep their babies. Through this program, a greater understanding of public health nursing service has evolved on the part of the social work staff, and there has been an increase in more meaningful referral for nursing service after the girls have left the home.

Each year more districts and more nurses have provided consultation to staff and health teaching to participants in senior citizen programs throughout the city. This has also contributed to the increase in referrals for home visits related to chronic illness.

[illegible]

[illegible] sort [illegible] and important part [illegible]

[illegible]

[illegible] St. Mary's Hospital, the [illegible] and nutritionist in [illegible] She further reported [illegible]

[illegible] Florence Jarvis [illegible] public health nurse [illegible]

[illegible] more [illegible] of the nursing service [illegible] have [illegible]

[illegible] nurses have [illegible] increase in referrals for [illegible]

OTHER ACTIVITIES

In all areas of the city, nurses became more actively involved in programs of other agencies. Various economic opportunity programs have provided resources for service and aides who could be used as interpreters by our nurses. The coordination of efforts of all these groups and their willingness to combine their services with ours has meant the difference between fragmentation of service and efforts toward more comprehensive health care. It is anticipated that such efforts will continue.

The Director of the Bureau of Public Health Nursing and the public health nurse administrator of District II served on the nursing advisory committee of the Children and Youth Project at Mt. Zion Hospital. Through this participation, better understanding and utilization of that program and of our services has resulted.

In District 1, the development of nursing child health conferences not only meant a more realistic utilization of nursing skills, but enabled an increase in skills which led to increased ability on the part of nurses to assess health needs of children in homes and schools, and improved teaching of parents or referral for care.

NEEDS

During the year, two surveys were completed. The first concerned itself with the functioning of nurses in the school health program and the second related to levels and kinds of nursing service needed in each of the districts.

It was found that nurses are in fact functioning more appropriately in line with their responsibilities in an increasing number of schools. The health related problems of school children are varied and the assumption is that an increasing proportion are related emotional conflicts. This, plus the bussing of children, has resulted in a greater need for referral between the nurse in the school and the nurse in the district. There continues to be a need for a school health aide who could be assigned full time to schools for the purpose of doing the clerical and related activities in the health program, such as providing minor first aid and notification of parents when a child becomes ill. It was recommended as a result of this survey that public health nurses continue to serve the school age child in the home and school provided that such aides be secured, and that nurses be free to move between school and home in the interest of providing or assisting the family to secure the health care needed by school children.

The survey of numbers and levels of nursing service needed in each district requires further refinement at this time. Preliminary findings indicate that registered nurses can provide the bulk of nursing services in most clinics, as well as meet the immediate needs of persons who drop into health centers. Their responsibilities could be increased to include assistance with tuberculin testing programs in schools and with school physicals. This would be possible if there were an average of one or two registered nurses and several community or health aides per health center.

FUTURE PLANS

The New Careers Program has taken hold without much difficulty. Five public health nurses have devoted a fair portion of their time to teaching the New Careerist about public health nursing services and preparing them to assist nurses in programs within the health centers. If new careers truly are developed in the Health Department, there is a real and vital assistant role which can be designed in relation to nursing functions. Such a career could become a stepping stone to professional health careers once basic education is secured.

As demand for nursing time has increased, it has become necessary to readjust priorities. It is realistic to expect that if assistants to nurses are developed, and no more than five registered nurses are employed for health centers, that public health nursing time can be further channeled into meeting the more intricate and complex needs of citizens without addition to that staff. In-service education programs along with the continued interest of many nurses in increasing their knowledge through attendance at evening courses and workshops also makes it possible for them to provide a multitude of services.

For several years, it was pointed out that nursing consultation was needed, particularly in the area of mental health. This is no less true today. If the four public health nursing positions in mental health are converted to clinical specialists, nurses in the health centers and hospitals will benefit from their expertise in dealing with such problems.

This Bureau will continue to assess the needs for nursing service, to determine the appropriate level of nursing preparation needed to provide various services and continue to develop standards and guidelines to enable nurses to perform as efficiently as possible.

BUREAU OF DISEASE CONTROL AND ADULT HEALTH

The Bureau has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the bureau has within it two independently functioning Divisions with full time public health physicians in charge; their respective reports follow this section. Exclusive of these Divisions, and for ease in presentation, activities of the Bureau can be considered to fall in 3 general categories:

1. Division of General Communicable Disease and Epidemiology
2. Division of Occupational Health and Accident Prevention
3. Division of Chronic Disease and Rehabilitation

It should be stressed that the above "division" activities are carried out by the same staff. During this fiscal year we were able to recruit a full time public health trained physician to act as Assistant Director to replace two part time physicians without such a background. This will offer the Bureau a greater opportunity to develop specialized activities, particularly in occupational health and accident prevention. The multiplicity and expansion of the Bureau's activities and changes in staffing warrant alterations in existing office space.

Activity Report: Fiscal 1967-68

	Units
Morbidity Reporting, Tabulation, Office Follow-up	15,103
Epidemiologic Activities	1,360
Animal Bites	8,793
Massage and Tattoo Parlor Processing	306
International Travel	14,346
City Prison Examinations	21,193
Special Service Programs	1,125
Occupational Health Investigations and Accident Prevention	9,107
Chronic Disease and Rehabilitation	15,252
Total	86,585

GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

There are two remaining half-time epidemiologist-physician consultants providing selected services for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made, and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Department each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians - as well as concerned parents, diseased persons, etc. The need for this limited Health Department service has diminished over the years, with associated reduction in epidemiologist-physician time assigned. As a result of retirement and re-assignment of the staff, many of the above duties will be transferred to the District Health Center Staff starting in the Fall of 1968. Remaining activities in this program area which deal with less common communicable disease, those associated with unique control measures, and the variety of related services described below, will continue with the remaining Bureau medical and other staff.

[illegible]

[illegible]

[illegible]

The Bureau collects, tabulates, and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1967, 15,103 such reports were handled, and - as indicated in the table following this section -- this represents a 57% increase over the 1961 base. The information contained is essential for epidemiologic control - i.e., investigating source and spread of selected infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a relatively new regulation of the California State Board of Public Health, which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis, gonorrhea. It is the responsibility of the Health Department to follow up these leads to possible infection and institute control measures when applicable.

During the reporting period, 3,017 animal bites were handled, which is 61% greater than 1961. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten, or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. The actual investigations of the biting animals and arranging for their quarantine has been the responsibility of the Police Department. In response to a request from the Chief of Police, and recognizing this to be more of a health than a police function, this latter activity will be transferred to the Department's Bureau of Environmental Health staff in July, 1968.

We are required by U.S. Public Health Service and WHO regulations to certify immunization certificates of vaccination for foreign travel. A fee of $1.00 is charged for this certification, and in 1967-68, $14,346 was secured from this for the General Fund. This income-producing service is leveling off, probably reflecting the discontinuation of the smallpox vaccination requirement for travelers to Mexico. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers, pointing out general health safeguards for overseas travel.

Our careful supervision of tattooing in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program. Similarly, the administration of massage establishments is undertaken by the Bureau, although the field inspections and preparing of reports is undertaken by the Bureau of Environmental Health. The Police Department issues the actual permit.

The Bureau staff is available for various programs for the control of communicable diseases. It actively participated in the influenza and tetanus immunization program created for City Employees. Through education and personal involvement, it tries to increase the level of immunization of special risk populations against influenza, tetanus, and smallpox. Developments may require it to fulfill its inescapable responsibility for the control of communicable disease as set forth in the State Health and Safety Code, by initiating budget requests for equipment, vaccines, and staff to undertake specific programs.

A committee of the S.F. Health Council has reviewed with the Department and Bureau staff the S.F. Health Code, intending to up-date its provisions. We look forward to final action on their recommendations.

1) A regular inspection program for maintenance of statutory industrial safety standards and for the health protection of employees in business and industry. Implementation in July 1968 is planned.

2) A regular program of industrial health and safety education for both labor and management groups, organized as panel discussions, workshops, demonstrations, films, etc.

3) A consultation service for both prevention and investigation of occupational illness and injuries. (This latter is now functioning.) Reports of the studies will be coded for computer retrieval for evaluation of accumulated information.

Finally, for future development in the Division of Occupational Health and Accident Prevention, is a plan to expand the work of the Division into the field of civilian safety, with plans to work with other interested agencies in various phases of accident prevention, including poison control, automobile safety, household and recreational accidents, and fire and disaster preparations.

The Bureau will make a budget request for a new position of Industrial Hygiene Engineer; a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department -- from a laboratory point of view -- is currently capable of performing many measurements required in environmental sanitation. Unfortunately, without technical direction in sample collection, we are unable to take advantage of these resources.

CHRONIC DISEASE AND REHABILITATION

The Bureau, with the assistance of federal project funds, has been able to undertake a variety of programs in the area of chronic disease and rehabilitation. New federal legislation changing the delivery of health services and their funding sources can be expected to influence these programs which in the past have had no other source of fiscal support. The problem is further complicated by the recent delays in the release of appropriated funds for approved projects.

The Department has been working with a variety of non-profit and voluntary health agencies in San Francisco to provide in-home rehabilitative and/or custodial services to the chronically ill. For many years, contractual arrangements for this purpose existed with the Visiting Nurse Association and the San Francisco Home Health Service (SFHHS). During the past few years we joined the SFHHS in their attempt to expand and improve Home Health Aid Services under a USPHS pilot project. This initial and successful phase terminated the end of last year, and the SFHHS has submitted a definitive long term project proposal to the USPHS in which we planned to continue our working relationship. While the project has been approved, funding has been delayed, restricting our own efforts to serve the target population.

Funds made available through the Federal Chronic Illness and Aging (C I & A) Program enabled the Bureau to employ a Public Health Nutritionist for the past few years for the purpose of investigating the need of such services and designing programs to meet same. Efforts were directed toward the various agencies serving the older population such as Senior Citizen Centers, Nursing Homes, public and private health agencies and special programs including nutrition consultation to the tuberculous clinic patient. Funding for this purpose ended June 30, 1968, but we were fortunate in being able to secure the position in the Bureau's budget. However, the Bureau's funds for materials and supplies will have to be increased to meet program needs previously provided by the USPHS CI&A Project. The same may be true of clerical assistance in this new program area. These needs must be met if we are to continue existing programs and permit better implementation for those planned, such as a food handling course for nursing home employees, food management workshop for boarding home operators, EOC projects (CHAP), etc.

A few years ago the Department was able to secure USPHS cancer control funds to equip and supply soon-to-be-opened clinics in the 4 of the 5 district health centers, plus the Venereal Disease Clinic, and to purchase laboratory services to provide cervical cancer screening. These were to be facilities whose purpose was to examine women, and by adding cancer screening, we had the opportunity to create an excellent preventive medical procedure with minimal expense, i.e., no added personnel. In this past fiscal year, operating in 5 centers, 3,834 women were examined with 45 having "positive" test results--an expected yield. It is unrealistic to expect federal funding for this local service to run indefinitely; therefore, the Department should make budgetary provision for it. Fortunately, a beginning has been made, as $3,000 was appropriated for this purpose in each of the 2 past fiscal years. We hope the $12,000 expected deficit in running the program this coming full fiscal year will be met by federal funds. Otherwise, the program will have to be discontinued when existing funds are exhausted--approximately November 1, 1968, unless added local financing can be obtained.

Between October 1966 and December 1967, when federal funding was discontinued, the Bureau participated in a program aimed at providing rehabilitative services to young men rejected for the Armed Forces on the basis of information obtained at the time of their pre-induction examinations. The volume of service provided prior to termination of the activity, or the first 6 months of this fiscal year, was limited as the program was phased out. We were able to arrange specific services for approximately 2/3 of those referred, many of which met a critical need of the client. Although impossible to measure, we can conclude that the large majority would not have taken advantage and benefited from these services without our intervention.

The Bureau is working with other units of the Department and interested local government and voluntary agencies in developing relatively small chronic disease screening or detection programs--i.e., glaucoma and diabetes, as well as general health screening services.

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DIVISION OF VENEREAL DISEASE CONTROL

STATISTICAL REPORT - SAN FRANCISCO CITY CLINIC

	FISCAL YEARS				
	1963-64	1964-65	1965-66	1966-67	1967-68
Cases Diagnosed and Treated	6,201	6,818	8,487	11,336	14,798
Syphilis	1,054	963	874	946	1,020
Gonorrhea	5,155	5,855	7,613	10,390	13,778
Other	0	0	0	0	1
Completed Epidemiological Investigations	7,529	7,357	8,032	7,637	8,207
New Patients	6,647	7,707	9,222	12,733	17,346
Re-Admissions	6,284	6,855	8,028	9,575	10,296
Total Patient Visits	34,229	36,203	37,892	45,185	52,602
Laboratory Tests	47,577	46,190	50,569	62,135	75,964

The year 1967-68 was another period of new highs in the Division's activities, which has come to be expected annually since the revival of the venereal disease threat in the middle 1950's. In contrast to previous years, though, since January, 1968, growing demands were absorbed more easily, and the downward trend in the quality of medical care was halted, thanks to several newly-established (and filled) positions.

Diagnosed and treated cases rose from 11,336 in 1966-67 to 14,798 in 1967-68, about a 31 percent increase, with gonorrhea making up the bulk of this. Also, the trend toward larger amounts of medications needed to effect cures of this disease continued, resulting in such a rapid rate of depletion of drugs and other expendable supplies and materials that the City had to grant emergency funds to finish the year.

"New Patients" rose from 12,733 in 1966-67 to 17,346 in 1967-68 and, while the percentage increase compared with that of the previous year, was slightly smaller, 36.2 to 38.1, the numerical increase was substantial, 4,613 to 3,511. This is especially significant in terms of Clinic capacity, aside from the more important aspect of case-finding, as each new patient requires considerably more in the way of personnel time and supplies than patients in any other category.

"Total Patient Visits" also rose, but not to the extent one might expect with the number of new cases. While it is true that the increase in diagnoses was attributable to gonorrhea, which requires fewer visits than syphilis for diagnosis, treatment and follow-up, a large part of the discrepancy was caused by the deliberate curtailment of follow-up visits by either prolonging time

intervals or by total elimination.

In the four-year period beginning 1963-64, the ratio of total visits to diagnoses fell from 5.51 to 3.55. Since these visits are so important in determining the success or failure of treatment as well as being a fruitful source of new cases, both leading to the earlier discovery of transmittable disease, it is readily discernible how defeating such a policy, dictated by Clinic capacity, can be.

Since June, 1966 the City Clinic has been engaged in collecting specimens for the early detection of carcinoma of the uterus as a part of a broader program under the supervision of the Bureau of Disease Control. Of 3,420 women so examined, six (6) were discovered to have malignancies for which surgery was performed. Two (2) are being studied and it appears likely that they too will require surgery. Several others are being followed, but it is questionable that surgery will be necessary, at least in the near future.

The building in which the City Clinic is presently located will be destroyed for the Yerba Buena Redevelopment Project in September, 1969. Therefore it is urgent to quickly find and prepare a new facility in order to effect an orderly move with the least amount of disruption in existing venereal disease control activities.

DIVISION OF TUBERCULOSIS CONTROL

The Division of Tuberculosis Control is a branch of the Bureau of Disease Control. It is specifically charged with the control of communicable tuberculosis but it offers to the community extensive diagnostic and treatment facilities, consultation, advisary, preventative and prophylactic services; and provides the means for the isolation of the communicable case. Activities of the Division are closely related to and often cross those of all the service bureaus in the Department of Public Health. It is especially dependent on the District Health Centers for completion of family case records and for contact follow-up.

Administrative offices of the Division are in the Central Office Building of the Health Department where it also maintains a Tuberculosis Case Registry, a registry for tuberculin converters and reactors, a survey registry, a registry for school children having positive tuberculin reaction or demonstrable chest lesions, a complete x-ray service for survey and diagnostic x-rays, and a complete center for processing and reading chest x-rays. The Division maintains a major chest clinic at the San Francisco General Hospital where complete clinical services are provided for diagnosis, treatment prevention, and follow-up supervision for the non-hospitalized patient. All discharges from the tuberculosis hospital are sent to this clinic for follow-up treatment and proper disposition. Three decentralized neighborhood clinics have been in operation since 1962. These clinics were established and have been maintained by Federal funds granted through the United States Public Health Service. They are located in areas presenting the greatest public health problems and where delinquency for treatment and follow-up have been most noted. They service the Chinatown, the Skidrow-Tenderloin and the predominantly negro Fillmore area. Clinical services are particularily adjusted to the needs of the patients in these locations and are found to be most acceptable because they are directed toward total medical care through proper referral. Needless to say these clinics play a major roll in the control of tuberculosis. They have reduced the missed clinic visits from 43% to 3%, thus preventing untold incidents of reactivated disease, expensive retreatment regimes and even rehospitalization all of which account for large savings to the City. It must be stressed that these clinics and their specialized personnel be continued in service even if Federal funding be discontinued.

While the nation at large continues to show a downtrend of newly reported cases of tuberculosis, the disease remains a serious public health problem in cities with populations of 500,000 or more. San Francisco is no exception. The case rate here is 51.5 per 100,000 population. This is more than twice that for the nation or for the state. Although in 1967 San Francisco was able to establish new all time lows in tuberculosis case rates, deaths and tuberculin reactors, this descent will not continue, unless efforts and vigilance are increased. There are many reasons for this. The city is a major Metropolitan Seaport with a limited land area of 45 square miles and with a population density of about 17,000 per square mile.

It has a special attraction for immigrants from the Asian Continent, the Pacific and Oriental Islands and Central and South America. It is considered the gateway from these areas where tuberculosis prevalence is notoriously high. The non-white population in the past year has increased 30% while the caucasian population decreased by 6%. Among the non-caucasian immigrants are those minority ethnic groups whose cultures, socio-economic living patterns, and languages differ markedly from the general population. Forthese reasons and for their own security, they tend to dwell among their own kind where they find common communication in cheap and severely crowded housing within the limits of their depressed financial barriers. The population density in these neighborhoods exceed the average density of 17,000 per square mile.

Here then we have the hard core areas where people already infected with tuberculosis are living in depressed conditions conducive to the relapse or exacerbation of their disease, which in this kind of environment, is readily transmissable to susceptible persons.

Statistics continue to show that these are the areas whose inhabitants show the greatest concentration of new cases, and of tuberculin reactors or converters. For years at least 85% of the newly reported cases come from the eastern half of the city with greater prevalence in the Chinatown-Northbeach, Central City and South of Market areas. These are the areas which are to receive concentrated efforts at case finding and case prevention.

PROGRAMS

ISOLATION AND TREATMENT

All active and communicable cases of tuberculosis are required to be isolated. With rare exception, this is done in a hospital certified and licensed for the care of tuberculosis. Hospitalization not only provides isolation, but it serves an essential part in management of the tuberculous patient by stimulating and motivation toward total care and eventual inactivation of disease.

The Health Department maintains 168 beds in the Chest and Communicable Disease Section at the San Francisco General Hospital for treatment of Tuberculosis. An intensive treatment program now in progress is expected to reduce the length of hospitalization to one third or less than that required ten years ago.

Prior to the development of better out-patient services for the treatment of tuberculosis in San Francisco, there were 849 annual admissions to the General Hospital in contrast to 229 for 1967. Furthermore, there were 632 patients hospitalized for an average of one year, in contrast to 116 patients for an average of 102 days hospitalization in 1967.

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In addition, there were 634 hospital beds for tuberculosis - 367 at San Francisco General Hospital and 267 at Hassler Health Hospital - in contrast to 160 at San Francisco General Hospital and none at Hassler Health Hospital in 1967.

Hassler Health Hospital was closed as a tuberculosis treatment facility in 1964, because of the improved services of the Chest Clinic which made it possible to successfully treat patients out of the hospital and reduce rehospitalization. The 267 beds at Hassler Health Hospital have been converted to 237 beds for chronic diseases. At San Francisco General Hospital 207 beds have been discontinued for the treatment of tuberculous patients and have been converted to two wards for psychiatric, one ward for pulmonary intensive care, and one ward for communicable diseases other than tuberculosis.

The neighborhood Chest Clinic teams have been responsible for saving the city more than $8,000,000 a year for the hospital treatment of tuberculosis by keeping patients under treatment out of the hospital.

Continued therapy and observation will then be rendered in one of the four outpatient clinics. During 1967, there was a total of 43,391 clinic visits by 3,292 patients. Of these totals, 1,377 patients made 19,207 visits to the neighborhood decentralized clinics which are supported by funds from an United States Public Health Service grant.

PREVENTIVE SERVICES

Preventive services in the form of isoniazid chemoprophylaxis are offered at all four chest clinics to certain high risk groups. Priorities for chemoprophylaxis are:

(1) Children of preschool and school age who react positively to tuberculin.
(2) Children whose tuberclin test converts from negative to positive.
(3) Persons who have had close or prolonged contact to a communicable case of tuberculosis.
(4) Certain high risk individuals whose x-rays show pulmonary fibrosis.
(5) Selected persons who react to tuberculin and have silicosis, diabetes or history of gastric resection.
(6) Individualized situations wherein a person is considered a risk because of a large tuberculin reaction but no demonstrable disease.

X-RAY CASEFINDING

The Health Department participates with other agencies in conducting chest surveys by x-ray, but maintains survey and diagnostic units in the Central Office Building.

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(1) [illegible]

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(3) [illegible]

(4) [illegible]

(5) [illegible]

(6) [illegible]

[illegible]

[illegible]

The various units yielded 106 active cases, 91 of which were previously unknown. Additionally 39 cases of lung cancer were discovered. The unit at 101 Grove Street and the San Francisco Hospital admissions x-ray programs usually discover the greatest number of active cases. Unfortunately the hospital program follow-up was conducted for only nine months due to lack of clerical assistance. Table I illustrates the results of case-finding by X-ray.

TABLE I

TUBERCULOSIS CASE FINDING BY X-RAY

UNIT LOCATION	NUMBER 1966	NUMBER 1967	ACT.TB FOUND 1967	PREV. UNKNOWN 1966	PREV. UNKNOWN 1967	CANCER LUNG 1966	CANCER LUNG 1967
101 Grove TOTAL	26,322	27,906	42	59	34	18	13
14x17	969	1,104	26	38	19	12	3
70mm	28,353	26,802	16	21	15	6	10
SF Hospital Adm. Program	9,896	15,731	27*	29	23*	18	8*
SF Jail #1	5,744	6,149	14	8	14	3	-
SF Med. Society	19,982	21,750	4	8	3	10	12
SF TBC Assoc.	43,833	42,987	14	17	12	15	5
Northeast center	2,236	2,873	5	3	5	4	1
TOTAL	111,013	119,396	106	124	91	68	39

* For nine months only

TUBERCULIN SKIN TESTING

Tuberculin skin testing in the schools at the first, seventh and twelfth grade levels and children new to the school system has been conducted since 1956. During the school year 1966-1967, 38,390 tests were done and resulted in the finding of 15 cases among school children and 10 cases among their family contacts. It is interesting to note that only 6.9% of the tests at the twelfth grade level gave positive reactions, to establish a new all time low. A slight rise in the lower grades was due to the admission of immigrants from Hong Kong and South and Central America. Tuberculin testing in the schools not only serves a useful purpose in case detection, but assists in determining the prevalence of the disease in the community (See Tables II and III).

TABLE II

PERCENTAGE OF POSITIVE REACTORS BY GRADE AND YEAR OF TESTING

SCHOOL YEAR	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
12	19.9	17.1	14.4	13.5	12.7	10.2	11.7	12.1	9.5	9.4	6.9
7	13.3	10.8	7.5	8.8	9.8	6.6	7.5	5.0	4.3	3.4	4.0
1	3.9	3.5	2.9	2.7	2.7	1.2	1.1	2.1	1.2	1.1	1.2

TABLE III

SCHOOL YEAR	STUDENTS TESTED	POSITIVE REACTORS NO.	PER-CENT	SCHOOL CASES FOUND	FAMILY CONTACT PLUS SCHOOL CASES FOUND	TOTAL CASE RATE PER 1000 TEST
TOTAL	313,246	13,189	4.6	371	552	1.7
1956-57	25,286	1,492	5.9	44	62	2.4
1957-58	16,904	1,125	6.7	32	42	2.4
1958-59	29,541	1,765	6.0	44	62	2.1
1959-60	34,028	2,267	6.7	54	93	2.7
1960-61	28,699	1,771	6.2	38	58	2.0
1961-62	32,005	772	2.4	16	30	0.9
1962-63	35,395	1,369	3.9	47	68	1.9
1963-64	40,559	1,074	2.6	24	41	1.0
1964-65	32,439	771	2.4	45	62	1.9
1965-66	35,707	653	1.8	12	24	0.7
1966-67	38,390	783	2.0	15	10	0.7

The effectiveness of the intensified tuberculosis control program during the past eleven years is demonstrated by the reduction in the prevalence of tuberculous infection in school children as shown in Table IV.

TABLE IV

SCHOOL YEAR	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
12	19.9	17.1	14.4	13.5	12.7	10.2	11.7	12.1	9.5	9.4	6.9
7	13.3	10.8	7.5	8.8*	9.8*	6.6	7.5	5.0	4.3	3.4	4.0**
1	3.9	3.5	2.9	2.7	2.7	1.2	1.1	2.1**	1.2	1.0	1.2**

* 135 Positive reactors from Hong Kong and Central and South America were admitted to one Jr. High School during these two years, which accounts for these increases.

** This increase was accounted for by a large number of immigrants arriving from Hong Kong, who were positive reactors.

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TRAINING AND TEACHING PROGRAM

The San Francisco Tuberculosis Control Program has attracted national and international interest and has been selected by the United States Public Health Service to add to their tuberculosis training program. This program, with its decentralization of services into the three core tuberculosis free reservoir neighborhoods, has become a model for other large urban areas. After an intensive study by members of the New York Health Department, the program is being introduced into Negro and Puerto Rican ghettos, particularly in Harlem. Baltimore has also copied the program to bring better services to minority groups, and it is currently being introduced in New Orleans. Furthermore, several United States Public Health Service career officers have received training in our division and are now serving in other areas of the country in need of intensive control measures. Many other physicians from the United States and foreign countries have received instructions here and have set up similar methods in areas where tuberculosis presents a serious health problem. Since all of the physicians in the Division are members of the faculty of the University of California Medical School there is a considerable contribution toward the teaching and training of medical students, interns, resident physicians, and physicians holding fellow-ships in the chest disease service at San Francisco General Hospital.

Another educational program now in its third year of operation is the participation of students at the senior high school and junior college level who work in the Division during the summer vacation period. These students are selected from local minority groups in need of financial assistance to continue their education in the Fall. They are employed through the Communicable Disease Center of the United States Public Health Service at Atlanta, Georgia. They not only gain needed financial renumeration, but considerable experience in the field of public health.

LABORATORY

Without adequate laboratory services by specialized microbiologists no tuberculosis control program can successfully succeed in its primary mission. Many micro-organisms have staining characteristics so closely resembling the tubercle bacilli that it is necessary to conduct multiple growth and biochemical tests to determine their identity, Many of these organisms are not capable of producing disease and still others can cause very serious disease resembling that of tuberculosis. The latter(atypical mycobacteria) do not respond to regular antituberculosis chemotherapy. It is therefore necessary to ascertain their identity and response to therapeutic agents inoculated in the growth media during incubation before the clinician can complete his diagnosis and set a course of specific treatment.

The Health Department maintains a highly specialized tuberculosis bacteriological laboratory which, during 1967, processed 8,332 specimens for a total of 16,676 separate examinations. This work load could not be accomplished were it not for a Special Tuberculosis Project Grant from the United States Public Health Service which has been renewed annually since 1962. Since this grant was made as a special demonstration project and has been in effect for seven years, these funds probably will be cut off after the following fiscal year. In this event, the City should be prepared to assume this obligation or face a catastrophic termination of these services so essential in the modern treatment of communicable tuberculosis.

CHEMISTRY LABORATORY

The function of the Chemistry Laboratory is to perform chemical tests and analysis for the Inspection Division of the Department of Public Health, the Police Department, the California Highway Patrol, the Emergency Hospital Service, San Francisco General Hospital, San Francisco Water Department, School Department, Society for the Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemistry Laboratory also establishes proof in obtaining the conviction of suspected violators of Public Health Regulations, and aids the official law enforcement agency in solving toxicological problems.

The Chemistry Laboratory received a total of 6,689 samples and performed a total of 29,416 tests on these samples during the fiscal year 1967-68

GROUP	NO. OF SAMPLES	TESTS PERFORMED
Ground Meats	259	863
Processed Meats	350	2,329
Stomach Contents	909	4,997
Toxicological Specimens	801	5,200
Waters	465	2,285
Sobriety Tests	486	2,447
Drugs	45	330
Miscellaneous foods; e.g. canned, salvage foods, food poisoning, etc.	61	416
Miscellaneous other products; e.g. paints, chemicals, solutions, etc.	45	377
Air samples	734	1,223
Milk and milk products	2,714	8,949

On July 1, 1968 and thereafter the State of California will be responsible for the inspection of the meat processing plants in San Francisco. The State has requested that the San Francisco Inspectors continue their surveillance of these plants until they can employ new personnel. Sampling of some meat products will be curtailed; however, ground meats from butcher shops and contract samples of processed meat will continue to be submitted to the Laboratory for examination and analysis as in the past.

Any drop in man hours on meat analysis will be offset by the Chemistry Laboratory commitment in May, 1968 to assist the Purchasing Department of the City and County of San Francisco by the examination and analysis of laundry and housekeeping products submitted to them on bid to determine whether they meet Federal specifications. Mr. Frank Conway, Purchaser of Supplies, heard this laboratory had analyzed laundry products for San Francisco General Hospital; and not having this service for the rest of the City, requested that all purchase orders of soaps, detergents, and related products be analyzed for quality control. To date most of the samples submitted have been below Federal specifications.

Stomach contents (gastric washings) are submitted by the Emergency Hospitals and the Admitting Service of the General Hospital from individuals who have ingested poisons taken accidentally or with suicidal intent. There were 425 positive stomach washings out of a total of 909 submitted to the laboratory the past fiscal

e, the California Highway Patrol, the Fire and Rescue Service, the Transitional Hospital, the Francisco Water Department, Animal Management, Preventive Medicine, Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

addition to providing analytical services, the Chemistry Laboratory also establishes proof in obtaining the convictions of suspected violators of Public Health Regulations and also the official law enforcement agency in solving toxicological problems.

Chemistry Laboratory received a total of 6,699 samples and performed a total 29,4[illegible]6 tests on these samples during the fiscal year 1957-58.

Object	No. of samples	Tests performed
Ground Meats	270	[illegible]
Processed Meats	725	2,320
Stomach Contents	606	1,[illegible]7
Toxicological Studies	101	3,400
Waters	[illegible]	2,285
Lobstery Tests	[illegible]	2,[illegible]
Drugs	45	320
Miscellaneous Meats, e.g. canned, salvage foods, food poisoning, etc.	65	415
Miscellaneous other products, e.g. paints, chemicals, solutions, etc.	45	327
Air samples	756	1,224
Milk and milk products	2,[illegible]16	8,[illegible]

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meat contents (plastic washings) are submitted by the Emergency Hospitals and Admitting Service of the Code 51 Hospital from individuals who have [illegible] tions taken accidentally or with suicidal intent. The [illegible] 65 positive meat washings out of a total of 900 submitted in the Laboratory the past fiscal

year. Aspirin continues to lead, with barbiturates a very close second, then ethyl alcohol and Librium. The major number of aspirin ingestions were children under 3 years of age. The problem that becomes more complex is the identification of the many new drugs found in body fluids where there are no known tests. In many cases the chemist must work out his own method of identification on the known drug first, then try to isolate and identify it in the gastric washing or biological fluid.

The number of toxicological specimens from San Francisco General Hospital continues to increase; over 28 more than last year. The tests performed have increased even greater in proportion - 948 over last year. Except for those ingested by children, most of the toxicological specimens were from adults with suicidal intent, the patient arriving at the hospital in a coma.

Toxicology, the science which treats with poisons, their antidotes, etc. is becoming a large factor on the program of the Chemistry Laborato y due to the ever-increasing demands by the doctors of San Francisco General Hospital. As the laboratory increases its scope for the identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in their diagnosis. The "Hippies" and their hallucinogenic drugs have added to this problem. The increased use of gas chromatography and thin layer chromatography this past year along with our other instruments has enabled this laboratory to give this service.

During the past fiscal year, plans for the consolidation of the Chemistry and Microbiology Laboratories on the fourth floor of 101 Grove Street were completed. Due to the high cost and other reasons, the decision was made to leave the Chemistry Laboratory in its present location at the San Francisco General Hospital until the new hospital is built in 1972 or later; then consolidate the laboratories in the 40 wing of the present Hospital. In the meantime the Chemistry Laboratory continues to operate in the old Morgue Building. Some renovation and repairs must be provided in the interim to permit effective work to be provided in this area until the move is made in 1972 or 1963.

It has been over a year since the part-time clerk-typist assigned to the Chemistry Laboratory was taken away without a replacement. There has been no one to type letters, orders, articles from scientific journals, file, answer the phone, and many other duties. A part-time clerk-typist is needed in the Chemistry Laboratory for more efficient operation and utilization of professional personnel.

FUTURE PLANS

Expand the use of gas chromatography to include the detection and quantitation of pesticides in foods.

Continue research on new methods, utilizing the spectrophotometer, gas chromatography, thin layer chromatography, and crystallography to increase the number of new drugs that may be identified and quantitated in toxicological specimens.

Work with the Bureau of Disease Control in resolving industrial hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic and other environmental sanitation measurements when the program is inaugurated.

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Toxicology, the science which treats with poisons, their antidotes, etc. is becoming a large factor on the program of the Chemistry Laborato y due to the ever-increasing demands by the doctors of San Francisco General Hospital. As the laboratory increases its scope for the identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in their diagnosis. The "Hippies" and their hallucinogenic drugs have added to this problem. The increased use of gas chromatography and thin layer chromatography this past year along with our other instruments has enabled this laboratory to give this service.

During the past fiscal year, plans for the consolidation of the Chemistry and Microbiology Laboratories on the fourth floor of 101 Grove Street were completed. Due to the high cost and other reasons, the decision was made to leave the Chemistry Laboratory in its present location at the San Francisco General Hospital until the new hospital is built in 1972 or later; then consolidate the laboratories in the 40 wing of the present Hospital. In the meantime the Chemistry Laboratory continues to operate in the old Morgue Building. Some renovation and repairs must be provided in the interim to permit effective work to be provided in this area until the move is made in 1972 or 1963.

It has been over a year since the part-time clerk-typist assigned to the Chemistry Laboratory was taken away without a replacement. There has been no one to type letters, orders, articles from scientific journals, file, answer the phone, and many other duties. A part-time clerk-typist is needed in the Chemistry Laboratory for more efficient operation and utilization of professional personnel.

FUTURE PLANS

Expand the use of gas chromatography to include the detection and quantitation of pesticides in foods.

Continue research on new methods, utilizing the spectrophotometer, gas chromatography, thin layer chromatography, and crystallography to increase the number of new drugs that may be identified and quantitated in toxicological specimens.

Work with the Bureau of Disease Control in resolving industrial hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic and other environmental sanitation measurements when the program is inaugurated.

PUBLIC HEALTH MICROBIOLOGY LABORATORY

PURPOSE AND OBJECTIVES

The basic objective of the microbiology laboratory is to provide adequate laboratory services for the successful conduct of the programs of the Public Health Department. The laboratory provides service to the community for the control of communicable disease and provides assistance to physicians in the solution of other problems relating to the general field of public health. The laboratory also serves as an aid to the private clinical and hospital laboratories in the community as a consultive and reference laboratory for certain laboratory examinations in which this laboratory is especially well-qualified and where, for one reason or another, the private clinical or hospital laboratories are limited.

This report includes statistical tabulations of some of the laboratory's "routine" work. However, these statistics do not include or in any way measure the amount of additional work done in developing, improving, and standardizing methods, or in the training of laboratory personnel.

PRESENT PROGRAMS

COMMUNICABLE DISEASE CONTROL

A. Venereal Disease Control

The continuing problem of venereal disease in the population has resulted in intensified serologic testing for syphilis in the laboratory by increasing our efforts to expand confirmatory treponemal testing services. The Fluorescent Treponemal Antibody Absorbed Test (FTA-ABS) is utilized by the laboratory to assist physicians in establishing the diagnosis of syphilis. The V.D.R.L. test for syphilis is employed for detecting new cases of syphilis and, once diagnosed, for following the patient's response to treatment.

A new test, the Fluorescent Antibody Darkfield test, was evaluated and adopted by our laboratory during the past year to assist private community physicians in establishing the diagnosis of primary syphilis. This fluorescent test has several advantages over the conventional darkfield examination. The specimen may be mailed to our laboratory for examination rather than requiring the physician's immediate examination. The fluorescent technique is more sensitive than the conventional procedure and thereby recovers more positives.

TABLE I

NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco City Clinic and City Prison	32,906	64.2
San Francisco General Hospital	8,741	17.1
Civil Service Commission	4,086	8.0
Private Physicians, Clinical and Hospital Laboratories	3,791	7.4
Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc	1,708	3.3
TOTAL	51,232	100.0 %

The reported nationwide increase of venereal diseases is also reflected in the increase of laboratory examinations for gonococci. This increase is particularly alarming when associated with the fact that the gonococci are becoming more resistant to penicillin. A new fluorescent antibody procedure was evaluated and then adopted this year to hasten the identification of gonorrhea.

TABLE II

NUMBER AND PERCENTAGE OF GONORRHEA

SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco City Clinic	26,839	85.4
San Francisco City Prison	1,242	4.0
Youth Guidance Center	2,026	6.4
S.F.G.H. Prenatal Clinic	1,219	3.9
Other	107	0.3
TOTAL	31,433	100.0%

Laboratory examinations in the field of Venereal Disease Control alone comprised 64% of all examinations performed by the laboratory during the past year and required 36% of our total professional staff time.

B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in the laboratory in support of the Division of Tuberculosis Control. The number of cultures referred for identification from private laboratories remains at a high level as a result of the awareness that Mycobacteria other than Mycobacterium tuberculosis are agents of tuberculosis-like disease. A battery of biochemical tests has been adopted to identify these disease causing agents.

Besides testing the tuberculosis organisms to the drugs primarily used in the treatment of this disease, the laboratory first evaluated and then adopted tests for the "second-line" drugs (ethionamide, kanamycin and viomycin) that are used by physicians to treat patients with primary drug resistant bacteria.

TABLE III

NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS
EXAMINED BY SOURCE

	Number	Percent
San Francisco Tuberculosis Survey (Chest Clinic, Private Physicians, Clinical and Hospital Laboratories)	4,448	53.4
San Francisco General and Hassler Hospitals	3,884	46.6
TOTAL	8,332	100.0%

C. Other Communicable Disease Services

Laboratory services were also provided in other areas of communicable disease concern. These services included testing in parasitology, rabies, enteric bacteriology and in food poisoning outbreaks. The time required for these bacteria to be identified by the fluorescent antibody technique is considerably less than by standard cultural methods.

SANITATION

A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with the necessary testing services for various milk products. These services include testing for the bacterial and antibiotic content of milk.

B. Housing and Sanitation Services

The laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational water, cleanliness of restaurant eating utensils, and the detection of harmful bacteria in food products.

Most of the laboratory services provided in Sanitation are financed through fees collected from milk producers, processors, and distributors, from restaurants and other operators licensed by the Department.

TABLE IV

LABORATORY EXAMINATION BY YEAR AND PROGRAM AREA

COMMUNICABLE DISEASE CONTROL	1963-64	1964-65	1965-66	1966-67	1967-68
Venereal Disease Control					
Syphilis	74,090	65,477	53,719	55,105	59,468
Gonorrhea	26,438	22,023	24,189	25,638	31,433
Tuberculosis Control					
Microscopic	7,672	8,000	8,905	8,714	7,613
Culture	8,823	8,931	9,694	9,310	8,332
Drug Susceptibility	481	451	463	462	731
Other					
Enteric	491	382	377	427	501
Parasitology	446	213	172	166	304
SANITATION					
Milk	28,801	25,870	26,825	24,372	25,649
Water	4,218	5,534	7,940	7,940	5,817
Food	583	540	564	281	148
Rim Counts	-	-	977	681	1,170
MISCELLANEOUS	2,072	1,898	1,031	824	689
TOTAL EXAMINATIONS	153,949	139,319	134,855	133,228	141,855

TABLE V

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATION BY PROGRAM AREA

		Number	Percent
COMMUNICABLE DISEASE CONTROL			
Venereal Disease		90,901	64.0
Tuberculosis		16,676	11.8
Other (Parasitology, Enteric, etc.,)		805	0.6
Total		108,382	76.4
SANITATION			
Dairy and Milk		25,649	18.1
Sanitation and Housing		7,135	5.0
Water	5,817		
Glass and Utensils	1,170		
Food	148		
Total		32,784	23.1
OTHER			
Hassler Health Home, Central Emergency, etc.,		689	0.5
TOTAL		141,855	100.0%

TABLE VI

PERCENTAGE OF MICROBIOLOGIST TIME REQUIRED BY PROGRAM AREA

	Percent
COMMUNICABLE DISEASE CONTROL	
Venereal Disease Control	36
Tuberculosis	36
Other (Enteric Bacteriology, Parasitology, etc.,)	6
	78
SANITATION	
Dairy and Milk	13
Sanitation and Housing	9
TOTAL	100%

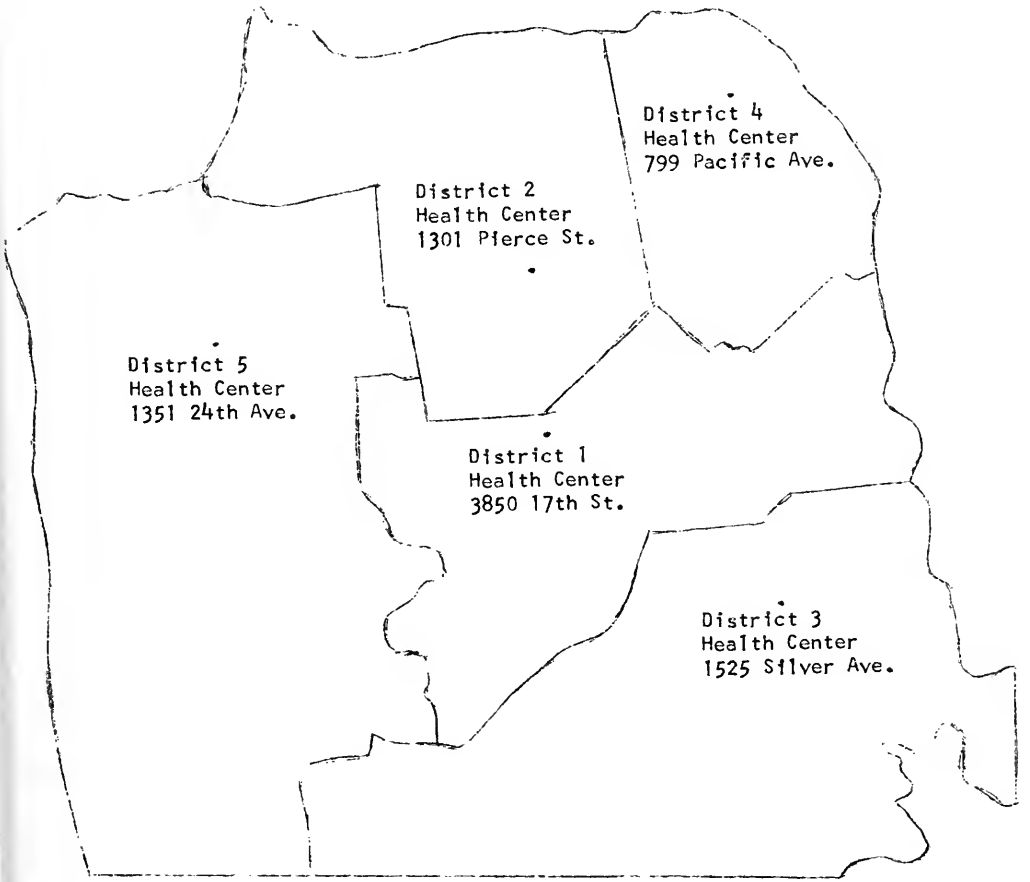
SERVICES TO BE DEVELOPED

The following laboratory procedures will be evaluated and adopted for assisting physicians in the care of their patients during the coming year if the tests are found to be reliable:

1. Tuberculosis - use of further second-line drug (capreomycin and ethambutol) susceptibility tests.
2. Enteropathogenic *E. coli* - use of fluorescent antibody, cultural and biochemical procedures to isolate and identify the agent causing diarrhea of the newborn.
3. German Measles (Rubella) - use of serological technique to determine immunity to this disease in prenatal or newborn situations.

THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The Five Districts



SELECTED VITAL STATISTICS FOR THE FIVE HEALTH DISTRICTS, SAN FRANCISCO

1967

	All San Francisco	District 1	District 2	District 3	District 4	District 5
Estimated Population	747,500	142,200	164,300	152,200	110,700	178,000
Age Distribution by percentage						
Birth thru 4	8.0	9.8	7.3	11.1	4.5	6.8
5 thru 24	28.4	28.8	26.2	35.6	23.7	27.1
25 thru 64	50.4	49.4	53.0	44.8	53.9	51.3
65 and over	13.2	12.0	13.5	8.5	17.9	14.8
Ethnic Groups by percentage						
White	76.1	87.8	64.7	67.0	65.6	91.6
Non-white	23.9	12.2	35.3	33.0	34.4	8.4
Negro	13.0	4.9	27.6	25.5	4.0	0.8
Other	10.9	7.3	7.7	7.5	30.4	7.6
Spanish Surname (included in white)	8.9	18.1	4.7	12.7	5.5	4.3
Death Rates, per 1000 population	12.6	10.8	11.4	8.5	20.4	13.1
Infant Deaths, per 1000 live births	20.3	21.4	22.7	18.3	22.9	18.3
Fetal Deaths, per 1000 live births	13.4	13.9	16.2	14.7	9.3	10.3
Birth Rates, per 1000 population	15.1	19.7	15.0	16.5	10.6	12.6
Low-weight Births, per 1000 live births	85.6	88.6	93.4	88.6	84.1	72.3
Tuberculosis, rate per 100,000 population	51.5	41.5	44.4	35.5	126.5	23.0
Venereal Disease, rate per 100,000 population	1414.6	1160.3	2670.1	949.4	2224.9	271.8

HEALTH DISTRICT NO. 1

The past year has seen significant events occuring within the community served by Health Center No. 1. Some of these are: the progress of BART down Mission Street; the establishment of dental and medical services by the Mission Neighborhood Health Center, the only Office of Economic Opportunity-funded health center in San Francisco; the application for a Model Cities Project in the Mission, with the concomitant development of the "Mission Coalition". All of these events have aroused increased citizen activity.

Some of the significant activities in Health Center No. 1 have been: the establishment of the New Careers Program with six New Careerists assigned to the health center; the use of our building by the Mission Neighborhood Health Center until their own facilities were available; the further development and expansion of nursing child health conferences; the expansion of the mental health services through the additon of a clinical nurse specialist; the development of a pregnancy testing program including appropriate counseling; the expansion of many student programs - including both field experiences for health profession students and work expansion for various work/study projects.

With the revolution that is going on in society in general and in medicine in particular, new and innovative approaches must be made in an attempt to solve the health problems of the community. The major commitment of the health center during the coming year must be to work with the community in this endeavor.

STAFF OF THE HEALTH CENTER

1 District Health Officer (full time)
1 District Medical Officer (full time)
3 Physician Specialists (part time)
1 Public Health Nurse Administrator
3 Supervising Public Health Nurses
26 Public Health Nurses
1 Registered Nurse (half time)
1 Health Educator
2 Senior Clerk Stenographers
2 Clerk Stenographers
1 Clerk Typist

1 Principal Health Inspector
1 Senior Health Inspector
4 Health Inspectors
1 Psychiatrist
1 Psychiatric Social Worker
1 Clinical Nurse Specialist
2 Dentists (half time)
1 Dental Hygienist (part time)
2 Porters
6 New Careerists
8-10 Students(medical, nursing, etc.)

SERVICES

Clinic	Number of Sessions	Total Visits	Number of Individuals	Average Attendance	Tests and Immunizations
Child Health Conferences	451	7278	*2826	16	9095
Immunization Clinics	25	3926		157	6802
Family Planning and Cancer Screening Clinic	100	1316	707	13	

* This equals 21% of the pre-school population of the district.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

District #1 - continued

Dental Services -- Patient Visits 4,002 (80% increase over previous year)

Restorations	4,670
Extractions	540
Other Treatment	1,200
X-rays	1,986
Prophylaxis -	172
Sodium Fluoro-Phosphate	163
School Visits	21

School Health Program -- 46 public and parochial schools with an enrollment of 27,523 students, 261 hours of public health nursing time per week.

Physical Examinations in school -- general - 1,311
athletic - 956

Tuberculin Skin Tests in School -- 4,544

Enviromental Health Inspections --

	Complaints	Inspections
Housing	1,775	6,070
Food	149	10,461
Laundry	6	299
Miscellaneous	231	826
Mosquitoes	35	34
Industrial	2	16
Total	2,198	17,806

Public Health Nursing Home Visits -- 15,885 patient contacts were made to 2,882 families, average caseload was 1,060 families.

Mental Health Team -- direct services to 999 adults, 221 children and adolescents.

Health Education Activities --

Community meetings attended	96
Community health Education programs developed	16
New Careerists in training	6

Student Programs -- 1 Resident in Public Health
2 Residents in Community Mental Health
3 Medical Students from University of California
2 Graduate Students in Health Education
2 Graduate Students from School of Public Health
7 Nursing Students
1 Psychiatric Nursing Student
2 High School Students (summer program)
3 Youth for Service Students

Restorations	[illegible]
Extractions	[illegible]
Other Treatment	[illegible]
X-rays	[illegible]
Prophylaxis	[illegible]
Special Treatment [illegible]	[illegible]
Sub-total Office	[illegible]

Health Program - [illegible] public and [illegible] [illegible] [illegible] [illegible]
of [illegible] students [illegible] [illegible] of public health [illegible]
[illegible] [illegible]

[illegible]

[illegible]

[illegible] Health Inspection - [illegible]

Cleaning	[illegible]
Floor	[illegible]
[illegible]	[illegible]
[illegible]	6
Miscellaneous	281
[illegible]	85
[illegible]	2
Total	[illegible]

Health [illegible] [illegible] [illegible] [illegible]
[illegible]

Health Tour - [illegible] [illegible] [illegible]
[illegible]

[illegible] Education activities - [illegible]
[illegible]
[illegible]
[illegible]

[illegible] Programs - [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

HEALTH DISTRICT NO. 2

Health Center No. 2 has replaced concept with substance, and the move to the new building has already led to increased staff growth and interaction, as well as program expansion. The multiplicity of services concentrated in a single location has resulted in the introduction of the wide range of health department services to an increasing portion of the population. Concomitantly, the multidisciplinary staff has experienced an increasing awareness of the effect of its integration and co-ordination on the health of the community.

New staff aditions resulted from decentralization of the Child Psychiatric Clinic with assignment of staff to our center; and from implementation of the New Careers program, which added seven members of the Western Addition community in a work/study program for the development of a new discipline, the community health worker.

The new facility accomodates new programming, such as a family planning/cancer screening clinic for women, and a Saturday morning child health conference/immunization clinic to better serve working mothers. It has also permitted us to increase our commitments to student field training, and to allow community groups to use it for meetings, thereby enhancing our integration with the district.

The staff has become increasingly active in community involvement. Some of the committees on which staff members have served include the Western Addition Clean-up Campaign Committee and the Minority Adoption Committee. Organizations with which we have been associated range from the Senior Citizens Center to Florence Crittenton Home, Planned Parenthood to Western Addition District Council. Programs in which members of our staff have participated include research and development of comprehensive care for sick children; for children under two years of age; and special education services to unwed mothers.

Future plans focus on on-going redefinition of our role in the changing patterns of health care. Careful consideration will be devoted to the development of new staffing patterns. By encouraging active interdisciplinary dialogue, and by redefining goals, re-examining methods, and re-evaluating services, we are attempting to more appropriately respond to the developments in definitions of health and of community.

STAFF OF THE HEALTH CENTER

1 District Health Officer (full time)
1 District Medical Officer (full time)
2 Physician Specialists (part time)
1 Public Health Nurse Administrator
29 Public Health Nurses
1 Registered Nurse (half time)
1 Health Educator
2 Senior Clerk Stenographers
1 Clerk Stenographer
2 Clerk Typists

1 Principal Health Inspector
1 Senior Health Inspector
6 Health Inspectors
1 Dentist (part time)
1 Dental Hygienist (part time)
1 Psychiatrist (part time)
1 Social Worker (full time)
1 Psychologist (full time)
1 Porter
7 New Careerists

Decentralized Chest Clinic Staff -- 1 Physician Specialist (part time)
2 Public Health Nurses (part time)
1 Clerk Typist (part time)

Maternal and Infant Care Project Staff -- 2 Public Health Nurses
2 Social Workers
1 Nutritionist
2 Clerk Typists

SERVICES

Clinic	Number of Sessions	Total Visits	Number of Individuals	Average Attendance	Tests and Immunizations
Child Health Conferences	281	2834	*1342	10	4753
Immunization Clinics	28	1639		58	3654
Family Planning and Cancer Screening Clinic	24	242	178	10	

* This equals 11% of the pre-school population of the district.

School Health Program -- 24 public and parochial schools with an enrollment of 18,142 students.

Physical examinations in school -	general	662
	athletic	199
Individual and group conferences		82

Environmental Health Inspections -- Locations inspected:

Restaurants	452
Miscellaneous Food Establishments	491
Laundries	178
Pet Shops	8

Public Health Nursing Home Visits -- 22,295 patient contacts were made by the nurses throughout the year.

Student Programs -- three residents in Community Mental Health, 4 senior medical students from the University of California, several groups of nursing students, plus health education, nutrition, home economics, psychology and sociology students. Also work experience for Youth for Service, Horizons Unlimited and Youth Opportunity students.

HEALTH DISTRICT NO.3

The new Health Center building was completed in the fall of 1967 and in December, the scattered staff of District No.3 from the old Hunters Point Health Center, the Alemany Health Center and the district health inspectors moved into the new building at 1525 Silver Avenue. The beautiful new building was greeted enthusiastically by the community and they welcomed the new services made possible by the move.

Because the complexity of the topography of the district and the poor transportation facilities, Child Health Conferences and Immunization Clinics are held in seven outlying areas to bring the services closer to the families with young children.

The thirty staff public health nurses spend about 50% of their time in the school health program and clinics, 41% making home visits and 7% on office calls and meetings. Nursing service is provided to the 45 public and parochial schools with an enrollment of 30,918 students with a continuing program of physical examinations with referrals as needed, tuberculin testing and health education.

The Health Educator, a gratifying addition to the staff, has established liaison with community agencies; has implemented and supervised the local segment of the New Careers Program; reviewed all reading materials; established a system for the use of audio-visual equipment, and has been a leading influence in the planning of general staff and other meetings.

A part time mental health team was assigned to the district when the new building opened. A psychiatrist and psychologist provide some direct service to patients and some consultation to the rest of the staff.

Cancer Screening and Family Planning Clinics started in March 1968. Two sessions per week served 846 women.

STAFF OF THE HEALTH CENTER

1 District Health Officer (full time)
1 District Medical Officer (full time)
3 Physician Specialists (part time)
1 Public Health Nurse Administrator
4 Supervising Public Health Nurses
30 Public Health Nurses
1 Registered Nurse (half time)
1 Health Educator
2 Senior Clerk Stenographers
1 Clerk Stenographer
2 Clerk Typists

1 Principal Health Inspector
1 Senior Health Inspector
5 Health Inspectors
1 Psychiatrist (part time)
2 Clinical Psychologists (part time)
2 Dentists (half time)
1 Dental Hygienist (part time)
1 Nutritionist (part time)
2 Porters
3 New Careerists
1 Youth Opportunity worker
6-8 Students

SERVICES

Clinic	Number of Sessions	Total Visits	Number of Individuals	Average Attendance	Tests and Immunizations
Child Health Conferences	624	9554	*3324	15.3	9928
Immunization Clinics	158	3827		24	5119
Family Planning and Cancer Screening	90	861	377	9.5	

* This equals 20% of the pre-school population of the district.

Dental Services --	Total Visits	1580
	Restorations	2058
	Extractions	222
	Other Treatments	919
	X-rays	417

School Health Program -- 45 public and parochial schools with an enrollment of 30,818 students.

Physical Examinations in School -	general	3259
	athletic	400
Individual and Group Conferences		32
Tuberculin Skin Tests in School		5306

Environmental Health Inspection -- Complaints Investigated

Housing	1017
Food	86
Mosquitoes	40
Industrial	2
Miscellaneous	295

Public Health Nursing Home Visits -- 18,062 patient contacts.

HEALTH DISTRICT NO.4

During the past year the total population of District 4 has decreased slightly while the Chinese population has increased. The redevelopment and relocation activities in the South of Market area have changed and shifted the population in this area. The increased number of new immigrants from Hong Kong and Taiwan have increased all of the health problems, physical and mental, that follow over-crowding, poor economic conditions, poor education, no jobs, lack of language skills, etc. in Chinatown. The necessity for comprehensive medical treatment facilities both in this Chinatown-North Beach area and in the Central City area has become more pressing this past year. Alcoholism, drug use, venereal disease, and related problems have risen in the latter area particularly.

While the usual activities have continued, a few new ones have been added. One additional Child Health Conference was started in November, 1967, at Glide Methodist Church to make more easily available the preventive care and immunizations to the youngsters in this part of the City. In December, 1967, an Adult Health Screening and Referral Clinic was started at the Health Center in Ping Yuen, meeting once weekly, staffed by a Chinese physician and public health nurse to provide a service requested by the community. Pregnancy testing was added to our services in January, 1968. Routine immunizations including diphtheria-tetanus, smallpox vaccinations and tuberculin tests were offered to adults at the beginning of the year.

The "New Start Center" medical program has very recently been revised to offer new services badly needed to the alcoholic residents of South of Market. Increased time has been given to the Senior Citizens Centers in the district. All Health Center personnel have spent more time working with community agencies, organizations and people concerned with the very broad definition of health and human problems.

The present Health Center is housed in very small quarters in the basement of the Ping Yuen Housing Project. For lack of space, the Decentralized Chest Clinic is located in a nearby apartment and the Mental Health team has to rent space a few blocks away. Plans for the new Health Center building are complete and construction will begin in the fall of 1968. The new building will have space for expanded clinic services and a new emergency hospital will be located on the ground floor.

Staff Of The Health Center

1 District Health Officer (full time)
3 Physician Specialists (part time)
2 Supervising Public Health Nurses
17 Public Health Nurses
1 Dentist (half time)
1 Dental Hygienist (part time)
1 Registered Nurse (half time)
1 Sr. Clerk Typist
1 Clerk Typist
1 Pyschiatrist (part time) (part
1 Pyschiatric Social Worker(time)

Decentralized Chest Clinic -- 1 Physician Specialist (part time)
2 Public Health Nurses (part time)
1 Clerk Typist (part time)

SERVICES

Clinic	Number of Sessions	Total Visits	Number of Individuals	Average Attendance	Tests and Immunizations
Child Health Conferences	302	3650	*1688	12	3963
Immunization Clinics	106	3226		30.5	4873
Family Planning and Cancer Screening	92	1176		12.5	
Pregnancy Testing		66			
"New Start Center"		200			
Adult Health Screening	28	73			

* This equals 34% of the pre-school population of the district.

Dental Services -- visits to the Dentist 1908
visits to the Dental Hygienist 359

Public Health Nursing Home Visits -- 13,467 patient contacts.

School Health Program -- 17 public and parochial schools with an enrollment of 10,978 students.

Physical Examinations in School - general 1493
athletic 189

Tuberculin Skin Tests in School 2801

Decentralized Chest Clinics

At Northeast Health Center - 949 patients, 10,924 visits.

At St. Anthony's Dining Room - 150 patients, 4,570 visits.

Student Programs -- medical students from the University of California, residents in Community Mental Health, and nursing students.

HEALTH DISTRICT NO.5

Construction of the new Health Center for the district began on July 15, 1967 and will be completed about September 1, 1968. The new building will make it possible for the health inspectors who serve the area to be housed in the district and dental services and family planning clinics will be available for the first time in the area. A Health Educator and hopefully, some mental health personnel will be added to the district staff in the near future. Selection and ordering equipment and planning for new programs in the new Health Center consumed considerable staff time during the year.

Chronic illness and aging continued to be the most important public health problems in the district. These people present very complex problems and solutions require much nursing time and many contacts with other agencies. The failure of the Federal Government to refund the three year old Project for the Coordination of Services for the Chronically Ill was a serious blow to these people and many in-home services had to be curtailed. It also meant the loss of two district public health nurses whose salaries had been supported by the project and thus curtailment of some other district services.

As in the past, the health program in the 44 public and parochial schools occupied the largest block of public health nursing time but it is becoming increasingly difficult to find adequate time to provide all the services that school children need.

The problems of mental and emotional illness are becoming increasingly frequent and the need for mental health personnel in the district Health Center is keenly felt. Up to now, the Geriatric Screening Unit has been the only resource to Center personnel to deal with the elderly disturbed patient. The staff of Langley Porter Clinic is studying the possibility of giving some aid in this area.

Immunization Clinics were opened to adults and pregnancy tests were made available to residents of the district in January, 1968. More nursing time was used for group work--two prenatal parents classes run simultaneously, one nurse meets weekly with a group of mothers of pre-school children, another with high school girls at lunch time, and two nurses spend several hours each week in Senior Centers. Pre-camp examinations were performed by district physicians for the Aid to the Retarded Workshop. Some nursing time was given to the day camp for handicapped young children at the Fleishhacker Center.

STAFF OF THE HEALTH CENTER

1 District Health Officer (full-time)
1 District Medical Officer (full-time)
1 Physician Specialist (part-time)
1 Public Health Nurse Administrator
2 Supervising Public Health Nurses
19 Public Health Nurses
1 Sr.Clerk Stenographer
1 Clerk Stenographer
1 Porter

SERVICES

Clinic	Number of Sessions	Total Visits	Number of Individuals	Average Attendance	Tests and Immunizations
Child Health Conferences	149	2516	*918	17.5	2691
Immunization Clinics	27	2765		102.4	3770
Pregnancy Testing		40			

* This equals 12% of the pre-school population of the district.

School Health Program -- 44 public and parochial schools with an enrollment of 34,877 students.

Physical Examinations in school --	general	2035
	athletic	603
Pre-school and School age Examinations in the Health Center		285
Students Examined by Private Physicians		3797
	Total Examined	6720
Individual and Group Conferences		258
Tuberculin Skin Tests in School		7434

Public Health Nursing Home Visits -- 9,301 patient contacts.

Group Work Activities --

Expectant Parents Classes - 2 weekly classes run continuously.
Senior High School Girls - weekly discussion group.
Parents of Pre-school Children - 2 weekly discussion groups.
Senior Citizen Centers - 2 weekly meetings with seniors.

Student Programs --

1 Second-year Public Health Resident
6 Medical students from University of California
2 Residents from Langley Porter Clinic
Several groups of nursing students

San Francisco General Hospital
Annual Report to the Mayor
1967-68
Purpose and Scope

San Francisco General Hospital is one of the three hospitals operated by the City and County of San Francisco, under the direction of the Department of Public Health. It is an acute hospital, basically responsible for providing medical and surgical care to any person requiring medical attention. It offers a wide range of specialized services and in some cases, services which are not available elsewhere in this immediate area. One such service is our Artificial Kidney Center.

The operation of the hospital is a joint effort of the City and County of San Francisco and of the University of California Medical School. The City's responsibility is to provide administrative, nursing, housekeeping, maintenance and para-medical personnel along with foodstuffs, materials and supplies and equipment at a level where the hospital will continue to be approved for intern and resident training. The University's responsibility is to provide sufficient and competent professional staff so that the hospital may continue to be approved for intern and resident training.

Activities

Patient Days

For the fiscal year 1967-68 the patient day load decreased from the past year. The total number of days were 244,470 as compared to 251,397 a decrease of slightly less than 3%. On the other hand the total number of admission and births amounted to 19,967 a small increase over 19,565 for the past fiscal year. These statistics signifies that the average length of stay at the hospital has decreased. The average length of stay now amounts to 12 days. The average daily number of patients hospitalized was 669.7 the licensed capacity is 926; the bed utilization figure is at a optimum figure of 70%.

While the inpatient days were decreasing, at the same time we were experiencing a significant increase in our outpatient visits. At

the time this report is being written not all statistics are compiled, but in projecting the figures available we obtain a total of 155,000 patient visits as compared to 140,455, an increase of over 10%. The biggest increase is in the pediatrics clinic where the number of visits rose from 15,400 to 21,495.

Outpatient Department

Two floors of the old Nurses Home Building have been remodeled into the new Outpatient Department with a scheduled opening date of November 1, 1968. The Board of Supervisors approved 66 positions to operate this clinic. When the clinic opens we would be able to consolidate most of the different clinics scattered among the different areas of the hospital. The only exception will be the Pediatric and Pre-natal clinics which will remain in their present location. The consolidation of the clinics into one area will enable the administration to better control the activities, while at the same time, give better medical care to the patients. The officials of the Department of Public Health, with the cooperation of the medical staff are now in the midst of searching for a prominent Director to take charge of this important department.

Outpatient visits for the past four years are as follows:

Clinics	1964-65	1965-66	1966-67	1967-68
Follow-up	19,550	19,730	20,271	21,487
Pediatric	16,595	15,230	15,400	21,495
Pre-natal	10,093	9,052	6,396	6,741
Adult Psychiatric	4,742	8,242	10,911	11,798
Psychiatric IMPAC	3,942	5,811	6,854	9,206 est.
Oral Surgery	5,194	4,818	4,437	6,152
Admission-Emergency	45,006	45,038	50,259	55,470
Chest	47,551	34,541	25,927	23,074
Total	152,671	142,462	140,455	155,423 est.

Hospital Bond Fund Program

1967-68 was really a year of activity for the new hospital project and the pace is accelerating. A Project Coordinator was appointed to reconcile the different views of the Medical Staff, City officials and

Administrator

In May 1968, Dr. T. J. Albers, after 27 years of faithful service retired as the Administrator of San Francisco General Hospital. A nation wide recruitment program was started to fill this very tough job. The qualifications are high; the successful candidate must possess the wisdom of Solomon to satisfy the needs of the Medical School, the City and of the Staff. It is expected that the new Administrator will be appointed shortly.

Problem Areas

One of the major problem areas as far as the hospital is concerned is our inability to live within our budget. In the critical area of drugs, hospital supplies and x-ray films we are constantly short year after year. Again, last year, as usual we needed to go back to the Board of Supervisors for supplemental appropriations for these accounts. Compared with other hospitals, we are underbudgeted, especially in these mentioned areas. To compound the problems, newer, better and more expensive drugs are being introduced constantly. The use of disposables are gaining wider acceptance among modern hospitals, as newer and better products are introduced. And the use of x-ray films increases as more and more accidents and crimes of violence occur. In order to provide the best possible care to the patients, and at the same time teach modern medical techniques to the interns and residents, the hospital must keep up with the times and provide sufficient tools and materials. It is hoped that we may be able to convince the proper authorities of these facts so that sufficient funds are appropriated for the operation of this hospital.

Future Plans

At this moment, there are no new programs contemplated. Obviously, when the new Outpatient Department opens and we have some experience on its usage by the patients, we would have to have some adjustment. One thought is that if the number of visits justify it and for the convenience to the public, the clinic may operate at nights and weekends.

EMERGENCY HOSPITAL SERVICE

PURPOSE AND OBJECTIVES

The Emergency Hospital Service provides such ambulance and emergency service as to care for a patient from the time of surgical or medical need, until such time as the patient is treated and/or advised so that experienced help and advice may assist the patient with his or her troubled or painful problems.

RELATIONSHIP

This Service is an invaluable adjunct to other divisions of the Health Department as well as to most other departments in the City. It acts as a depository or forwarding agent for Health Department Units that operate under usual 8:00 A.M. - 5:00 P.M. hours. It cooperates with Police and Fire Departments, many times daily; with Municipal Railway, Department of Public Works, Welfare and other Social Agencies quite frequently.

PROGRAM

Care is rendered at five Emergency Hospitals on a twenty-four hour basis, with a minimum of one Doctor, one Registered Nurse, one Medical Steward, and one Ambulance Driver on duty twenty-fours daily, 365 days a year. Harbor, Alemany, and Park Emergency Hospitals have the minimal staff; Central Emergency has an additional nurse from 3:00 P.M. to 11:00 P.M., an additional part-time Doctor on Friday and Saturday evenings, and an extra "trouble-shooter" ambulance from 4:00 P.M. until midnight. Mission Emergency has twenty-four hour ambulance service, but all medical and nursing staffs are provided by San Francisco General Hospital.

Last year there were 122,196 admissions to all Emergency Hospitals, and 38,425 ambulance runs.

FUTURE PLANS

Harbor Emergency Hospital will be a part of the multiple-use building, when built, at Mason & Broadway.

WORK LOAD

Disposition of Patient	Total	Mission	Central	Alemany	Park	Harbor
Total	122,196	65,383	18,706	14,429	14,908	8,770
Home	99,945	50,853	15,714	13,094	12,974	7,310
S. F. General Hospital	16,710	13,560	1,521	326	729	574
Other Hospitals	5,159	852	1,362	975	1,153	817
Deceased	329	114	96	26	33	60
Ambulance Runs	38,425	5,985	16,341	4,265	5,408	6,426

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

EQUIPMENT

Two new ambulances have been allowed in the forthcoming budget, which is minimal replacement. Other replacements as usage dictates.

Taxes, salaries, and equipment costs have all risen, but apparently in ratio. Our case load has also risen over the years, but we have managed to keep apace without too much strain. However, we have had to put extra crews to work, increasingly, to transport the greater number of transfer and social service cases per year. No new employment, budgetwise, has been needed so far.

LAGUNA HONDA HOSPITAL - 1967 - 1968.

Laguna Honda Hospital serves the citizens of San Francisco in the specialized fields of internal medicine, physical medicine, and rehabilitation. Eighteen hundred thirty-five, (1835) beds make Laguna Honda Hospital the second largest County Hospital in California, and an important segment of the hospital system of the City and County of San Francisco.

Laguna Honda was established by ordinance on March 10, 1866, as an ambulatory residence to care for the homeless and unemployed men of San Francisco. Since the day the residence was established, Laguna Honda has experienced a gradual functional change from an ambulatory residence to a hospital for the chronically ill. In 1867 an infirmary was added, and in 1908 a hospital section to care for the chronically ill. Bond issues financed the present hospital buildings in the late 1920's, and they were completely modernized in the late 1950's. Despite these improvements it was not until its ninety-seventh (97th) year of operation (1963) that Laguna Honda Hospital was accredited as a hospital by the Commission on Accreditation of Hospitals.

Continuing the functional change from an ambulatory residence to a hospital for the chronically ill, Laguna Honda Hospital added another new service in the previous fiscal year. In March, 1967, Ward C-4 was opened as a pulmonary center to care for patients with chronic pulmonary and respiratory disorders.

The effect of the Federal Medicare and MediCal programs is still subject to appraisal. The detail for doctors' billing has now been resolved, and is based on actual salaries paid. At the present writing we are conferring with the Controller's staff regarding individual patients' billing. We cannot tell at this time whether or not additional staff will be needed after conversion.

PATIENT DAY ANALYSIS

There was a slight increase in patient days in the fiscal year 1967-68.

Service	Normal Bed Capacity	Patient Days 1966-67	Patient Days 1967-68
Hospital	1,064	348,307	359,233
Modified Hospital	618	136,927	130,659
Intensive Rehabilitation	30	15,697	18,873
Modified Rehabilitation	72	17,290	9,751
TOTAL:	1,784	518,221	518,516

BED UTILIZATION

Percentage of Occupancy
Fiscal Year 1967-68

Service	Percentage of Occupancy 1966-67	Percentage of Occupancy 1967-68
Hospital	95.3	94.5
Modified Hospital	60.7	57.8
Intensive Rehabilitation	58.9	94.3
Modified Rehabilitation	64.4	37.0
Total Hospital	80.9	79.4
Average Daily Census	1420	1418

[illegible] of intensive medical, physical medicine, and rehabilitation. Eighteen hundred-bed City-Wide (1957) then made Lenox Hill Hospital the second largest County [illegible] in Manhattan, and an important segment of the hospital system of the City [illegible] Department.

[illegible] by overtures on March 20, 1960, as a [illegible] for the Mission and unemployed men of San Francisco. Since the [illegible] Lighthouse, Inc. Hospital, Inc. experienced a gradual functional [illegible] Hospital, Inc. was [illegible] for the clinically ill. In 1967 [illegible] in 1968 a hospital division to care for the alcoholic [illegible] the Mission District. In [illegible] buildings in the late 1960's, and were constructed, [illegible] in the late 1960's. Despite these improvements [illegible] (1969) by an of operation (1969) that began [illegible] a [illegible] Hospital [illegible] a [illegible] Commission on Accreditation of [illegible]'s.

[illegible] the [illegible] clinic, [illegible] a [illegible] to a hospital [illegible] chronically ill. [illegible] Hospital [illegible] and [illegible] was [illegible] as a [illegible] center [illegible] for [illegible] and respiratory disorders.

[illegible] of [illegible] and [illegible] drugs is still subject to [illegible] billing [illegible] and is based on [illegible] [illegible] when the [illegible] [illegible] patients' billing. We [illegible] at this time [illegible] will be needed after conversion.

PATIENT DAY DATA

[illegible] was a slight increase in [illegible] in the fiscal year 1967-68.

[illegible]	Normal [illegible] Capacity	Patient Days 1966-67	Patient Days 1967-68
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	618	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible] STATISTICS

Percentage of Occupancy
[illegible] Are 1967-68

[illegible]	Percentage of Occupancy 1966-67	Percentage of Occupancy 1967-68
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

ADMISSIONS

Service	1966-67	1967-68	%
Hospital	623	797	56
Modified Hospital	181	33	2
Intensive Rehabilitation)	375	285	20
Modified Rehabilitation)		304	22
	1176	1419	100%

There has been an overall increase of 20% on our admission service over the previous year. This increase is, significantly, in the Rehabilitation Section, and as noted above, we treated 217 more patients in this service than last year, or 58%.

There was a marked decrease in the Modified Hospital (ambulatory section) again (81.7%), attributable to the continuing transition from an ambulatory residence to a hospital.

DISCHARGES.

Discharges increased from 1264 to 1398, including deaths, an increase of 134 over the last fiscal year. Deaths increased from 246 to 301, and this again reflects the transition from the long-term patient to the critically ill patient.

REVENUE*

Account No.	Description			Amount
7611	Care of Patients			$1,207,989.32
7611A	Medicare			265,124.93
7611B	Medi-Cal.			53,498.63
7619	Miscellaneous Revenue			
		Meals	$6,562.13	
		fees	63.80	
		other	505.11	
				7,131.04
9270 959.6	Laguna Honda Hospital Gift Fund			1,083.00
9712	Sales Tax			361.12
9750	1880 General City Special Deposits . . .			2,063.20
9801	General Government Expenditure Credits .			- 0 -
	Total Revenue for the year			$1,537,251.24
	Bureau of Delinquent Revenue			34,006.65
				$1,571,257.89

*Does not include revenue received directly by the Central Accounting Office.

[illegible]	1968-69	1967-68	%
[illegible]	682	797	15
[illegible]	1,[illegible]	33	2
[illegible]	[illegible]	286	20
[illegible]	[illegible]	390	20
[illegible]	1,[illegible]	1,[illegible]	100%

There has been a general increase in [illegible] on admissions over the [illegible] years. [illegible] in the Admissions Section, and [illegible] we trust. [illegible] more patients in this service than last year, or 968.

There was a marked decrease in the Medical Department (ambulatory section) [illegible] (81.7%), attributable to [illegible] transfer from an ambulatory ward [illegible] to a [illegible].

DISCHARGES.

Discharges increased from [illegible] in 1968, indicating nearly an increase of 15% [illegible] the Zero Point Period years. Deaths increased from 246 to 290, and bite cases [illegible] the admissions from the 1 day temporary to the partially ill-patients.

REVENUE*

Account No.	Particulars	Amount
	Gross [illegible]	[illegible]
	[illegible]	265,[illegible]
A	[illegible]	[illegible]
B	[illegible]	
	[illegible]	
	Less [illegible]	
	Weeds [illegible]	
	Grass 81.30	
	Total [illegible]	
		1,[illegible]
0 285.6	[illegible] Health Department [illegible]	1,[illegible]
	[illegible]	367.[illegible]
	[illegible] Dispensaries	6,[illegible]
	[illegible] Overseas Grants	[illegible]
	Total Revenue for the year	[illegible]
	[illegible] of Capital Account	[illegible]
		[illegible]

* [illegible] audited [illegible]
the [illegible] accounts [illegible]

BILLINGS

During the current fiscal year, the actual billing for patient care for the first eleven months was $7,572,846.67. June, 1968, billing is estimated at $688,440. Since under the MediCal Program revenues for patient care at this hospital are deposited with the Central Accounting Office in the Department of Public Health, revenues received will be shown on their financial report.

July 1, 1967 - May 31, 1968	$7,572,846.67
June, 1968 (estimated)	688,440.00
	$8,261,286.67

PATIENT DAY COSTS

On July 1, 1968, the Patient Day Rates were adjusted to reflect the current costs. These new rates will enable the City and County of San Francisco to take advantage of the Federal and State Funds that were made available under the Medicare and MediCal Legislation. The new rates are as follows:

Service	Rate
Hospital	$22.27
Modified Hospital	13.86
Intensive Rehabilitation	51.93
Modified Rehabilitation	28.83

MEDICAL DEPARTMENT

The Medical Department, under the administration of the Medical Director, includes the Medical and Dental Staff, Rehabilitation Center Staff, Diagnostic Departments and Medical Records. The Medical Staff consists of 18 physicians and a full range of consultants. Services in Urology and Ophthalmology are given by residents from the University of California at S.F. General Hospital.

For the first time in many years, there are sufficient available beds in Laguna Honda Hospital to take care of patients transferred from S.F. General Hospital. In addition, suitable patients from the community are being admitted here preventing unnecessary admissions to S.F. General Hospital. This has resulted in a 40% increase in admission rate over the past six months. Improved physician staffing has covered the increased load, although transcribing help is unsufficient.

There has been a reorganization of the 32 hospital wards with the establishment of levels of care ranging from intensive nursing and medical wards to self-care wards. This is in line with current medical thought as well as Federal and State programs. Eventually, as the need arises, cost centers may be established around these various levels of care.

All patients admitted are now discussed in conference with doctors, nurses, and social workers. A plan is formulated for their care and possible discharge.

ACTIVITY REPORT

Radiology Department.

The Radiology Department is staffed by a Senior X-Ray Technician, one X-Ray Technician and one Orderly. The department has the services of a consulting radiologist.

The activity of the Radiology Department besides radiograms, includes fluoroscoping abdominal and intravenous pylogram examinations. The following schedule shows the activities of the Radiology Department:

Radiograms	3964
Fluoroscopic Examinations	250
No. of patients radiographed	3229
Units of Service	12276

Clinical Laboratory.

The laboratory staff consists of one Chief Laboratory Technician, four Technicians and one Orderly. The laboratory is still performing tests in a program in which all patients receive a yearly check-up, including blood count and urinalysis. All culture media and reagents are made in the Laguna Honda Hospital laboratory and all blood is drawn by laboratory personnel.

For the fiscal year 1967-68 over 60,000 routine tests were performed.

Pathology Department

The Pathology Department is staffed by a tissue technician, part-time pathologist, and a morgue attendant. The activities of the Pathology Department for the last fiscal year were as follows:

Surgical Specimens Processed	338
Surgical Slides Processed	585
Special Stains	277
Autopsies	84
Autopsy Slides Processed	1320
Special Stains	113

Occupational Therapy.

Occupational Therapy is a modern and well-equipped therapeutic unit. It occupies an entire ward and has a complete kitchen unit and an adapted bathroom. It also has typewriters, looms, carpentry tools, a pool table, and a ping-pong table. These facilities and equipment are used by patients for therapeutic and recreational purposes. The staff consists of one Senior Occupational Therapist, four Occupational Therapists, and one Orderly, who give treatments for balance, endurance, maintenance functions, activities of daily living, household activities and functional activities. All treatments are measured in units of service and an occupational therapy unit is equivalent to fifteen minutes. In the last fiscal year, treatment units totalled 43,923.

Physical Therapy

The physical therapy facilities are large and easily accessible to all patients. It also has a large therapeutic pool where the patients receive range of motion and exercise, ultra-violet radiation, thermotherapy, ice pack diathermy, gait training, ultra-sound and microwave treatments. Patients are trained in the use of prosthesis. A physical therapy treatment unit is equivalent to 15 minutes and in the past year, a total of 49,061 treatment units were given.

Speech Therapy.

Speech Therapy deals mainly with cerebro-vascular accident cases and helps the patient improve his ability to speak and to read with comprehension. If necessary, the therapist also trains the patient to write. The Speech Therapy Department consists of one trained Speech Therapist.

The department has a hearing program, but due to lack of help it has been limited to a few selected patients. The speech therapy treatment units are equivalent to 15 minutes and in the past fiscal year 5126 treatments were given.

Pharmacy

The Pharmacy supplies the hospital with drugs, solutions, prescriptions and drug sundries from an adequate and varied inventory. The Pharmacy turned its inventory over 6.7 times in the last fiscal year and has enough drugs to last at least 40 days. This large turnover of stock keeps the inventory at a low cost, reduces spoilage and obsolescence and saves valued storage space. The Pharmacy keeps a record of all prescriptions and formularies. It is staffed by two licensed Pharmacists and one Pharmacy Helper.

The Pharmacy activities for 1967-68 were as follows:

Ward Requisitions (Individual items)	172,000
Other Ward Requisitions (Individual Items)	9,100
Individual Patient Prescription	2,700
Hypnotic and Narcotic sheets issued	3,600

Medical Records.

Laguna Honda Hospital has on its staff one Medical Record Librarian who records care rendered by the hospital and medical staff. The medical records of Laguna Honda Hospital serve as a means of communication between the medical staff and the professional groups contributing to the care of the patient. The medical records are also a very important source material for the analysis, study and evaluation of the quality of medical care rendered.

The routine activities of Laguna Honda Hospital Medical Record Librarian are as follows: Daily processing of charts of discharged patients; maintenance of a disease and operation index; compiling of cumulative monthly and annual statistical figures from daily census reports; preparation of a monthly statistical discharge analysis report; and participation in monthly meetings of the Medical Record and Tissue and Utilization Committee, in which the Medical Records Librarian acts as secretary and consultant to these committees.

A small Medical Library for the Medical Staff is maintained adjacent to the Medical Record Department.

Nursing.

The high quality nursing care continues. It is interesting to note that many schools are using our facilities and knowledge regarding care of the chronically ill, aged patients, prevention of decubitus ulcers, etc. A total of 345 student nurses, graduate students, L.V.N. students participated in this program.

The number of patients receiving passive range-of-motion exercise increased from 112 to 145. More than 255 patients are walked two and three times daily. The prevention of decubiti and the program of bowel and bladder training are continuing. A lifting team for the P.M. shift was also added.

During the past fiscal year, the nursing department initiated two committees known as the Procedure and Professional Performance Committees. The Procedure Committee consists of an Assistant Director of Nursing, a Nursing Supervisor, a Head Nurse and a Staff Nurse. All procedures are written by this Committee and reviewed by the Nursing Director. The Professional Performance Committee consists of three Head Nurses, four Staff Nurses, and the Nursing Director. This group meets monthly to discuss ways to improve patient care and inter-personnel staff relationships.

Dental Clinic.

The Dental Clinic consists of the main dental clinic, laboratory and a waiting room. The staff consists of two part-time dentists and a dental aide. The space is limited, but the Clinic is well equipped and well supplied.

The function of the dental clinic is to examine new and old patients, provide care to preserve the patients health, correct pathological condition of the mouth including prosthetic repairs, perform operative dentistry and necessary X-rays.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Dental Clinic (cont'd)

The following is an activity report of the Dental Clinic:

Procedure	Total
Oral Examination	1247
Dental X-Ray Examination	1996
Extraction	839
Scaling & Polishing of Teeth	1124
Filling Silicate & Amalgam	913
Dentures, new	142
Dentures, repairs	154

Food Service.

The Food Service Department is under the supervision of the Administrative Chef who supervises a staff of one hundred twenty-one, (121) employees in the preparation and service of food to patients and employees.

The menu of both general and special diets is varied, nutritious, and appetizing. Fresh meat, fresh fruit and vegetables are utilized in the daily menu and frozen vegetables are used in lieu of canned vegetables. Patients are served individually and their dietary needs are carefully watched and recorded.

Special prescribed diets are written under the direction of the chief dietitian. To date, Laguna Honda Hospital serves eleven different menus on medical prescription. During the past fiscal year, nearly two million meals were served. Raw food costs per patient were approximately 37¢, indicating good managerial control by the Food Service Staff.

Housekeeping.

The Housekeeping Department is administered by the General Services Manager. His staff consists of Porter-Foremen, Porters, Window Cleaners, Incinerator Operators and employees assigned to the Laundry.

Housekeeping and linen maintenance are the most important functions of the department. The routine housekeeping duties are keeping all enclosed areas clean (707,352 square feet), conserving of heat and electricity, promoting safety measures by observing and reporting dangerous conditions, cleaning windows and collecting and incinerating garbage.

The control and circulation of linen is also an important function of the Housekeeping Department. Adequate supplies of clean linen must be maintained at all times throughout the hospital. To do this, new linen must be requisitioned, damaged linen withdrawn and repaired, soiled linen constantly picked up, and fresh linen delivered.

The special functions of the Housekeeping Division are security, transporting equipment, set-ups for assemblies, assembling and delivering new furniture, providing and maintaining a key system for the institution and performing other duties as assigned.

Laundry.

The laundry now operates under the supervision of the General Services Manager. Its operating functions are divided into transportation, sorting, washing, pressing, and distribution. To operate efficiently, the laundry has to have adequate personnel to perform each function. Having sufficient personnel is a chronic problem. To help solve this problem, Laguna Honda Hospital has been utilizing some volunteer ambulatory patients. They have proven very unsatisfactory because of their high absenteeism. Operations are now smoother with the increased staff obtained in last year's budget.

Replacement of an ironer-folder, extractor, and bleach tank was approved in the 1967-68 budget. This new equipment when installed will help solve many of the production problems.

Total production for this fiscal year was 5,306,419 lbs. The production schedule for the laundry is as follows:

Service	
Laguna Honda Hospital Rough Dry & Flat	5,097,746
Presswork	134,228
Emergency Hospital	74,445
	5,306,419 lbs.

Volunteers.

The Volunteers donated 30,107 hours during the fiscal year 1967-68.

The Volunteer Office is open Monday through Friday and all office work is performed by Volunteers. Every new patient entering Laguna Honda Hospital is visited and welcomed by a trained Volunteer and informed of the activities of the Volunteers. Records are kept of each patient which help the Auxiliary give help and assistance when needed.

The daily activities of this service are many and varied. The Volunteers staff and supply a beauty salon, operate a clothing department, man a mobile library, and transport patients within the hospital. The largest daily activity is the craft shop. Over 200 patients a day are instructed in various crafts. The instructors are from the San Francisco Unified School District and the material is furnished by the Volunteers. Volunteers take wheelchair patients to religious services, and visit new patients in whatever faith they have expressed.

The Volunteers provide and sponsor group activities such as Bingo games, folk dancing, and sing-a-long groups. Groups are also taken to ball games, concerts, circuses, ice follies, picnics, ballets and dinners. Private organizationa and church groups sponsor afternoon luncheons and teas. The evening recreation sponsored by the Volunteers has doubled since the previous year.

Under the supervision of the Volunteers a Senior Citizens Group was organized. This organization is made up of patients over the age of 50. The Senior Citizens have their own officers, by-laws, and collect dues. They have taken several all-day trips and have had several parties.

[illegible] operates under the supervision of the General Hospital Manager, [illegible] functions are divided into two departments, nursing, washing, preparing, distributing. In operation at Lindsay, the laundry has in view adequate personnel and functions. Having sufficient power at its disposal to provide a [illegible] problem, means funds hospital has been not living some volunteer [illegible] patients. They are to assure very manufactures because of their [illegible] functions. Operations are now smoother with the increased staff obtained in Jan[illegible] 1919.

Improvements in the kitchen, dining, pantries, and dining hall are approved in [illegible] 1919-20 estimates. This new equipment when installed will help solve many of the [illegible] conditions.

Total expenditure for this [illegible] year was $[illegible] [illegible]. The [illegible] [illegible] for the laundry [illegible]

Salaries	$[illegible]
Supplies Nurses Residential Hospital Dep. & Wkt	[illegible]
Maintenance	[illegible]
Emergency Hospital	[illegible]
	$[illegible]

Volunteers.

The [illegible] Volunteers, [illegible] in Lindsay the [illegible] year [illegible]

The Ladies Auxiliary Office in Lindsay Ontario through Friday and all office work is [illegible] by volunteers. Every one patient entering Lindsay Hospital is visited [illegible] by a trained Volunteer and information of the activities of the Volunteers. [illegible] of each month with the exception of July and August [illegible] [illegible].

The [illegible] activities of this service are many and varied. The Volunteers [illegible] Library, Nursery aids, operate a clothing department, [illegible] Library, [illegible] within the hospital. Are a regular daily activity in the [illegible] [illegible] providing a day [illegible] instructed in various crafts. The laboratory [illegible] Phenobarbe Dental School Pictures are the material in [illegible] Volunteers. Volunteers take [illegible] publicity to religious activities. [illegible] patients in whatever their they may [illegible].

The Volunteers provide many special group activities such as Bingo games, [illegible], and Tuesday-afternoon sewing. Outings are also taken on half holidays, concerts, [illegible] ice fishing, picnics, drives and dances. Outside trips, matinees and [illegible] from the Brownson Smith and Ross. The weekly prescription [illegible] by the Volunteers has resulted at the year [illegible].

[illegible] Committee of the Volunteers a [illegible] [illegible] [illegible] [illegible] made up of patients over the [illegible]. The Women Citizens [illegible] Sisters, Sister-in-law, and relations [illegible]. They have under [illegible] [illegible] and [illegible] [illegible].

Volunteer Services (cont'd)

The Little Theater Group has been very successful. The patients who come to this activity are made up largely from the rehabilitation patients and most of them are in wheel chairs. Last year they put on at least six plays, first produced at Laguna Honda Hospital, and then presented to other community groups within the city. Costumes and background scenery are designed and put together by the patients with assistance from the Volunteers; and the music is also selected by this group.

The Volunteers' plans for the next year are:

1. Refurnish all hospital solaria
2. Furnish a barbecue area outside Ward O-4 where wheelchair patients can have picnics, weather permitting.
3. Repair sound system in Auditorium.

HASSLER HOSPITAL

PURPOSES AND OBJECTIVES

Hassler Hospital is operated under the direction of the Director and Assistant Director for Hospital Services of the Department of Public Health. With the help from the officials in the City Hall, this hospital is licensed and accreditated for care of chronically ill patients. The majority of these patients are old, feeble and usually suffering from multiple diseases, requiring frequent physician visits and skilled nursing care, supplemented by X-ray checkup, laboratory tests, special diets, pharmacy service, physical, occupational and recreational therapy, and medico-social, volunteer and religious services. The entire staff and the volunteers have been working together enthusiastically helping the patients to improve their condition so that they may return to their homes whenever possible. In addition, Hassler is located in an area of good climate out in a country atmosphere which is certainly beneficial for the chronically ill patients, who are frequently mentally depressed.

PRESENT PROGRAMS

FINANCIAL SUMMARY:

In the early 1960's, the administration of the Public Health Department initiated a project at Hassler Hospital to determine whether the improvement of the financial position of a county hospital would provide a means to improve the level of patient care.

A brief review of the hospital's financial statements which follow, show that in the fiscal year, 1960-61, the revenue collected at Hassler was $1,700.00 which exceeded the estimated revenue by $850.00. The largest excess of revenue over estimated revenue occurred in 1965-66 in the amount of $560,000.00 (Schedule A). Since the establishment of this project, the hospital collected revenue in excess of $6,000,000 and is well on its way to $7,000,000.

In the year 1960-61, the comparison of revenue to expenditures indicated an excess of $950,000 in expenditure (Schedule B). The same comparison in 1966-67 shows that the expenditures for patient service equals the revenue collected through patient billings.

The accomplishment of this portion of the project has placed the hospital in a very solvent position, enabling it to collect from the consumer rather than the real property taxpayer for his hospital services. But even with this excellent financial record, the objective of improving the level of patient care in the county hospital is not adequately being achieved, because the city's financial system requires the hospital to deposit the revenue in the General Fund and does not make them available for hospital use. The motivating factor behind this successful financial project is therefore unable to be attained.

Hassler Hospital is very proud that it has been able to successfully complete the financial position of this project, but is continuously being frustrated because the funds that have been collected are unavailable for much needed and often postponed improvements. We therefore recommend that in order to motivate hospitals toward excellence, it will be necessary to establish a financial policy which allows revenue to be expenditured at its source of origin.

COMPARATIVE STATEMENT
ESTIMATED REVENUE TO REVENUE

SCHEDULE A

	Estimated Revenue	Revenue	Over Est. Revenue
1960-61	850.	1,700.	850.
1961-62	79,447.	206,000.	126,553.
1962-63	250,300.	386,000.	135,700.
1963-64	375,700.	403,000.	27,300.
1964-65	457,400.	894,000.	436,600.
1965-66	550,000.	1,110,000.	560,000.
1966-67	1,147,000.	1,561,000.	414,000.
1967-68	1,624,883.	1,790,000.	165,117.

REVENUE TO EXPENDITURES

SCHEDULE B

	Revenue	Expenditures	Excess Over Revenue
1960-61	1,700.	952,000.	950,300.
1961-62	206,000.	987,000.	781,000.
1962-63	386,000.	1,025,000.	639,000.
1963-64	403,000.	1,064,000.	661,000.
1964-65	894,000.	1,118,000.	224,000.
1965-66	1,110,000.	1,346,000.	236,000.
1966-67	1,561,000.	1,561,000.	0
1967-68	1,790,000.	1,790,000.	0

PATIENT STATISTICS

The complete patient statistics for the 1967-68 fiscal year is available in the Annual Statistical Report. The actual bed capacity is 227.

TABLE OF PATIENT STATISTICS

Fiscal Year:	1963-64	1964-65	1965-66	1966-67	1967-68
Patient Days	60,215	73,739	76,471	75,347	74,903
Average Bed Occupancy	164	202	209	206	204
Admissions	121	231	151	128	119
Discharges	145	180	142	127	127
Rate of Occupancy (Budgeted for 210 beds)	76.1%	96.3%	99%	98%	97%

THE MEDICAL SERVICE

The medical staff is organized and self-governed by the Bylaws, Rules and Regulations of the Medical Staff, which have been approved by the Director of Public Health. All physicians are appointed by the Director on the recommendation of the Administrator. All physicians have at least ten years clinical experience.

The routine care of an average of 204 inpatients a day is shared by three salaried full-time Physician-Specialists. They also cover all nights, weekends, and all holidays. They attend all meetings, a requirement of the Bylaws, and make medical reports at the request of outside agencies. The volume of paper work has increased tremendously since the participation of the hospital in the Federal and State Medical Insurance Programs.

The Consultation Services in Cardiology, Radiology, Physical Medicine, Psychiatry and the Clinical Laboratory are offered by five part-time Physician-Specialists. The dental work is done by a dentist on contract in the hospital. The autopsies are performed by pathologists who are also on contract.

THE NURSING SERVICE

This service has improved even with the few additional personnel approved during the past fiscal year. On a trial basis, Wards 5-A, 5-B, 6-A and 6-B have Head Nurses to supervise the nursing care on the dayshift only during weekdays. There is a continuing need for additional nursing personnel in order to cover all evening and night shifts, and also all shifts on weekends and holidays. This adequate nursing coverage is needed not only for the patients' safety but also to improve the necessary nurses' notes in the patients' charts which are both medically and legally important. The Orderly In-service Training is assigned at present to a Head Nurse.

MEDICAL RECORDS

Many changes have taken place in Medical Records since tuberculosis patients were cared for at Hassler. In the past few years, along with the accreditation from the Joint Commission On Hospital Accreditation and the inception of the insurance programs for Medi-Cal and Medicare, the volume of paper work has increased.

During the past fiscal year:

Approximately 705 charts were prepared for review by the Utilization Review Committee.

Records of Culture Reports and Hospital Infections were recorded for the Infection Committee.

Pharmacy Committee: Pertinent drug information and changes in Hospital Formulary were recorded.

Medical Reports processed for Social Welfare and other outside agencies to determine insurance eligibility.

Numerous requests from Blue Cross for individual patient case reviews were recorded and referred to the Utilization Review Committee to substantiate eligibility.

1695 medical dictations transcribed and recorded-- Admissions, Interval Reviews, Medical and Psychiatric Consultations, Group Therapy, Narrative and Discharge Summaries, X-Ray and EKG Reports.

REHABILITATION DEPARTMENT

This department has expanded into the area formerly used as Ward III. There is a new Beauty Parlor for the women patients and at the present time a Volunteer Worker does the hairdressing for the patients. The new equipment is now being used in the Rehabilitation Department, i.e., Ultrasonic Generator, Posture-training Mirror and Mobile Whirlpool. These were recently purchased and are now being used for patients' treatments.

CLINICAL LABORATORY

There is a new Flame Photometer in the laboratory now because the volume of blood chemistries has increased. A new laboratory to be located in the former Diet Kitchen underneath Ward IV is still urgently needed for efficiency and improvement in working conditions.

PSYCHIATRIC SERVICE

A part-time Psychiatrist has made several psychiatric consultations and has also held Group Therapy Sessions weekly for patients who are in need of his services. The number of patients referred to San Francisco General Hospital just for psychiatric evaluation has decreased because this service is now available at Hassler.

AUTOPSIES

There were 16 autopsies performed during the past fiscal year. The rate of autopsies was 35% of the deaths. This figure is well within the requirement of the J.C.A.H., and also serves as an educational purpose for the staff physicians.

RADIOLOGY

The X-Ray unit leased from General Electric has been delivered and awaiting installation as soon as the reconstruction of the present X-Ray Room is completed. The radiological service will be improved in the near future.

PHARMACY

The relocation of the Pharmacy has been completed and the service has improved; especially, since another part-time pharmacist has been employed to cover the afternoons.

VOLUNTEERS

The Hassler Hospital Volunteer Program has entered its second year of actively recruiting volunteers from the Redwood City Community. With its increase in membership, the program has been able to expand its services to include the following: Afternoon rides (ambulatory patients), part-time staffing of the beauty shop, patio luncheons with entertainment, motion pictures in the evenings on the wards, obtaining personal clothing and weekly shopping for patients.

Due to the expansion of the volunteer program, additional office space and indoor recreational area is needed. The present arrangement of holding activities in the center of the wards is undesirable for the patients, volunteers, and the nursing staff who have to provide services simultaneously.

MEDICAL SOCIAL SERVICES

The Social Service Department has responsibility for a case load of over 200 which requires about twenty contacts each day with the patient, their families or others concerned, also with other departments and outside organizations in order to gather, compile and review detailed medical, social, financial and statistical information. Countless revisions of Federal, State, and County medical aid programs makes constant re-evaluations of patient eligibility and benefits necessary. Also, this has deeply involved the Social Service Department in interpreting legal provisions, developing procedures and methods for implementing the regulations.

FUTURE PLANS

NURSING SERVICE

Areas in need of improvement:

1. Increase nursing supervisory staff and registered nurses
2. Add clerical personnel for each nursing unit
3. Replace obsolete hospital equipment
4. Construct four new nursing stations on Wards 5-A, 5-B, 6-A and 6-B
5. Remodel Wards 1 and 2 for the intensive care of non-ambulatory patients
6. Reconstruct and enlarge the nursing station on Ward 4
7. Improve ventilation system on Wards 4, 5 and 6 for the comfort of the patients and nurses.

Sufficient new nursing supervisory positions should be authorized to allow the hospital to set up six nursing stations in order to reduce the responsibility on the general wards from approximately 70 to 35 patients, and to give better coverage on the evening and nightshifts and also on weekends and holidays. The proposed construction work will help the nursing staff improve the efficiency of their work for the safety and care of the patients.

FIRE SPRINKLER SYSTEM

The extension of the automatic sprinkler system into the remaining ward areas has been recommended by the Joint Commission on Accreditation of Hospitals for additional safety measures.

CLINICAL LABORATORY

Relocation and reconstruction of the clinical laboratory is urgently needed in order to improve the working conditions and efficiency.

REHABILITATION SERVICE

Area in need of improvement:

1. Increase Occupational and Physical Therapy Staff
2. Construct additional area on the hill between Wards 5-A and 6-A.

OTHER SERVICES

There are many areas in other services requiring continuous improvement to meet the current and future needs in order to keep up the hospital standards which are required in order to qualify as a participating hospital under the Medicare and Medi-Cal programs to receive reimbursement from the Federal and State funds.

COMMUNITY MENTAL HEALTH SERVICES

OVERVIEW

Planned progressive change has continued this past year to be the order of the day for Community Mental Health Services. Changes are dictated by increasing numbers of patients and agencies needing mental health services. Changes have also been necessary in anticipation of significant legislation, especially at the state level. The program in San Francisco continues to be a leader in diminishing reliance on the state hospitals and increasing reliance on local treatment. Such changes have required new systems of organization and new methods of rendering services. Essentially the entire Community Mental Health Services has been oriented more and more toward early, vigorous, therapeutic intervention and is showing a greater interest in developing preventative services.

Tangible evidence of these changes has been the dramatic reduction in the number of patients committed to the state hospitals. For several years past, San Francisco had the unpleasant distinction of having the highest commitment rate in the state, it now has the lowest of any urban area. The total number of patients from San Francisco going to the state hospitals has been reduced sharply and most of those go voluntary.

Much thoughtful planning has been done during this past year to anticipate new state legislation requiring local screening, local care and treatment. Productive planning has also tried to take full advantage of available federal and state monies for mental health services. A construction grant application to defray partially the costs of the San Francisco General Hospital was awarded in the amount of $1.224 million. A grant was also obtained in the amount of $445,000 for additional mental health personnel in the Mission District. Both of these were from the National Institute of Mental Health. A great deal of collaborative planning was also carried out with the Westside Mental Health Center which received a federal staffing grant from the same source for $560,000. Both of these staffing projects are expected to be implemented and in full operation in the middle of next fiscal year.

Significant planning was also devoted to the field of alcoholism. A plan for comprehensive services for the alcoholic patient was prepared and submitted to the Mental Health Advisory Board in its April 8, 1968 meeting. While money for this entire program is not yet available either locally or through state or federal subsidies, attempts are being made to implement parts of the program with a clear view to the development of the full range of services.

The most significant internal planning effort has been directed toward the re-organization of the services at San Francisco General Hospital to be effective July 1, 1968. The heart of this plan is to assign total responsibility for a defined geographic sector of the city to a defined unit of the staff which has assigned space at the hospital. Preliminary effects of this re-organization which have been attempted on a trial basis are decreased waiting time for patients, continuity of contact with initial treating personnel, increased numbers of patients seen as outpatients or partial hospitalization patients rather than 24-hour patients and increase in staff morale and productiveness. Perhaps most important of all is the reorientation of the staff to be

ready and willing to render services at sub-district centers that are more convenient locations for patients. The re-organization has also meant a decrease in expensive inpatient care even though more patients have been seen.

The planning and re-organization efforts of this past year will permit the development during this next year of more preventive and treatment services in the various neighborhoods and communities of San Francisco. The goal of treatment either for an individual, a group or an agency is more and more emphasizing social and vocational rehabilitation. In this way the entire service is attempting to contribute to social stabilization as well as personal, satisfying productiveness on the part of individual patients.

PSYCHIATRIC SERVICE, SAN FRANCISCO GENERAL HOSPITAL

During the fiscal year the Psychiatric Service at San Francisco General Hospital treated approximately 15,000 patients. Approximately one-third were seen as emergency consultations. The remaining were treated for a wide variety of emotional disorders with inpatient, outpatient, or partial hospitalization. About 40% of this group had inpatient care during some part of their treatment.

From detention to crisis intervention:

San Francisco is the only major urban area which does not use local jails or state hospitals for large numbers of its difficult, uncooperative, or involuntary patients. The most significant achievement of the service was development of methods for rendering intensive psychiatric treatment to all patients who need it.

The clinical techniques that have been devised to achieve this with no increase in staff or facilities has required a revolution in the organization of the service and in the traditional ways of working. The technique is called "crisis intervention". It is based on the rapid development of a positive uninterrupted relationship between the patient and those who are helping him at the earliest possible moment in the life crisis that brings the patient to the hospital.

Administratively, this requires an organization known as "vertical staffing", or "continutiy of service". The staff is organized so that whatever kinds of treatment are needed by the patient over a period of time are provided by the same individual who makes the first contact with the patient.

Since a wide variety of skills may be needed in any particular crisis situation, the staff works in small interdisciplinary teams. This allows the patient to come into close contact with a variety of people whose skills or personalities may most closely fit his needs for help in the crisis. The team plan also allows the team to function over long hours of the day and in a variety of places, while retaining continuity in the emotional relationship with the patient.

Several teams, plus administrative and clerical backup, make up the staff of a Mental Health Center. The Center organizes the functions of each of the teams and provides a broad activity program, patient government, occupational therapy, as well as a large variety of part-time contacts with specialists, rehabilitation, education, and medical specialists. It also provides an

extensive training program for a wide variety of mental health trainees, and its own inservice training.

The administrative organization becomes very complex, as staff members do so many different tasks. This is done for the purpose of making it possible for the human relationships between patients and staff to be as simple as possible. The administrative goal is to make available to the patients and to the therapists a wide variety of resources so that they can retain responsibility for the patient, whatever the patient's needs may be.

The results of this clinical and administrative reorganization have been to return many thousands of patients at San Francisco General Hospital, who were formerly in the jails and state hospitals for long periods, to voluntary and productive lives. Since 1965 the number of people requiring inpatient care has dropped 40%, due to "crisis intervention" as outpatients. In 1966, 48% of patients hospitalized at San Francisco General Hospital were sent involuntarily to state hospitals. The current figure is 5%. The technique of this skill is new, and the adjustment has been a wrenching one, not only for the staff but for the entire community. There is still a great deal of controversy surrounding the many changes that have taken place and the great rate with which they have occurred. Compared to the traditional -- and elsewhere still current -- methods of caring for the urban psychiatric casualty, this program is scientifically well-founded, humane, and far more economical.

In regard to economy, the local community has taken on a major burden of treatment formerly done by the State. The cost has so far not been paid in terms of an increased budget for the local program. At present the major beneficiary has been the State taxpayer. Also, as patients at state hospitals from San Francisco have dwindled, the state hospitals have developed new programs for San Francisco patients who have been neglected, such as Mendocino State Hospital's program for alcohol and drug abuse patients. The financial benefits to the San Francisco taxpayers of the development of the local acute treatment programs will become obvious under the Lanterman-Petris Act. Other counties are going to have to pay state hospitals for the treatment of their difficult patients.

Many aspects of the program need improvement but particularly the financial, data processing, and communication problems of the service. There has been an explosion in telephone and written communication. There has been an explosion in the number and variety of patients served and the services given each individual patient, and the places where they are served. There has been a marked increase in the variety of duties and schedules of the staff. The physical plant, telephone system, and the clerical staff have not changed since the program of years ago. There is only a beginning of adequate recording and reporting of services, of a billing system, or routine internal communications. The sense of unrest which this creates, the mishaps and misunderstandings, and the inefficient use of highly paid staff, is the price that the city is now paying for the change to local care of the mentally ill.

This program was developed in response to an opportunity to improve the care of the acute mentally ill, created by the Superior Court in San Francisco, which began to require local treatment rather than routine commitment. It is part of a longer-range developmental program for the psychiatric service and Community Mental Health Services which is still continuing. During the year the reorganization of the service continued, to culminate on July 1, 1968, in regional

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Mental Health Centersfor each health district in San Francisco. In addition to the emphasis on initial contact the purpose of this regionalization of the service was to provide a basis for work in the neighborhoods and away from the hospital, by the Centers. During the spring of 1968, in preparation for the regionalization, staff began to develop outreach clinical programs, consultation, and community organization within their health districts.

From crisis intervention to community psychiatry:

It is anticipated that the service will lose approximately 40% of its floor space before 1970, as a result of demolition in preparation for the new hospital. Working against this deadline, each of the four Mental Health Centers will be moving its clinical programs out into the health districts they serve. By the end of the year each Center will have only space for one 20-bed dormitory area in the hospital. The Mission Mental Health Center will retain some outpatient and activity area at San Francisco General Hospital, since this health district surrounds the hospital. These plans appear sound clinically, but obviously further increase administrative complexity to a major degree. It will also require acquisition of significant amounts of space in the community, to replace that lost at San Francisco General Hospital.

There is a ferment of new tasks and budding programs in psychiatry, creating an exciting atmosphere of progress and experimentation. The past two years of rapid change and experimentation also have been difficult for both the staff and the community. It appears that the coming year will be similar. Since the pace of change is forced on us by the loss of space at the hospital we cannot slow down. We need greater resources, especially for communication, recording and processing of information of all kinds though every effort is being made to maintain high standards of patient care and administration.

CENTER FOR SPECIAL PROBLEMS

The Center for Special Problems, which began as the Adult Guidance Center and which dealt exclusively with the treatment of alcoholism, is now also concerned with drug abuse, sexual identity problems, and to a lesser degree criminal behavior and suicide prevention. The primary emphasis, and still the most abundant category of patients, are those who have problems with alcohol. The referrals to the Center come from many sources including public and private agencies, physicians, hospitals, clinics, the courts, jails, the police, and by the patients themselves.

The Center maintains branches in the Municipal and County jails and in the courts. Its personnel consists of psychiatrists, internists, psychologists, psychiatric social workers, public health nurses and volunteers. It continues to use several treatment modalities. Among these are the individual and group psychotherapy, chemotherapy, arts and crafts groups and AA meetings.

During the past year there have been notable changes in the treatment program at the Center. These changes were partially due to the increase in the number of patients coming to the Center and also as a way of keeping abreast of current trends and treatment. During fiscal year 1967-68 there was an increase in admissions of some 15%. In order to accommodate this increase and to supply more treatment the group therapy program was expanded. It will be noted in the statistics

that the group-conjoint sessions increased some 80% while the group/person interviews increased 118% during the period noted. It will be noted that there was even a greater increase of a similar nature at the San Bruno branch. The Center has made every effort to keep up with current treatment methods and is currently making plans for the inclusion of psycho-drama as an addition to the therapy program. Some other newer treatment methods are also under consideration at this time. It is the intention of the clinic to remain as knowledgeable as possible about new techniques and research so that the best treatment methods can be employed.

San Bruno Jail:

As will be noted from the statistics, there was a marked increase in referrals and in the use of group therapy at the San Bruno Branch Clinic. Recently there has been some thought of transferring the clinic to the Hall of Justice to provide service to the courts and probation department in addition to the jail population. This project is still in the planning stages at this time.

Center for Special Problems

	1966-67	1967-68	
Admissions	2,397	2,747	+ 15%
Individual Sessions	17,653	17,711	Same
Group/Conjoint Sessions	838	1,505	+ 80%
Group Person Interviews	3,634	7,912	+ 118%

* Excludes nursing contacts around medication.

San Bruno Branch Clinic

	1966-67	1967-68	
Admissions	1,094	1,378	+ 26%
Individual Sessions	3,044	2,043	- 33%
Group/Conjoint Sessions	234	688	+ 194%
Group Person Interviews	1,186	3,974	+ 235%

CHILD PSYCHIATRIC CLINIC

The Child Psychiatric Clinic, located at 1500 Grove Street, in Western Addition, has served San Francisco children, up to 18 years of age, since 1917. The admission policy for the last several years at the clinic has prevented a waiting list from developing and children and their families can be seen immediately. Additionally this year, to enable the clinic to keep up this practice, a plan was worked out with private psychiatrists, so that referrals could be made of patients who were eligible for private care under Medi-Cal coverage. The referrals to the Child Clinic come especially from Public Health Nurses and teachers. In this past year there has been an increasing number of referrals from the Youth Guidance Center and a general trend toward referral of adolescents, rather than younger children, has been noted. Approximately one-fourth of the families are self referred.

The Clinic has initiated and maintained branches in the majority of Public Health Departmental District Health Centers. The assignment of workers to Westside Health Center on a full-time basis has worked out very satisfactorily. The workers are more conveniently available to patients because of their location and referrals from Public Health Nurses are facilitated.

Education and consultation have been an emphasis at the Clinic this past year. Graduate students from the School of Social Welfare continue to receive field placement at this Clinic. New Careerists are currently being trained to be Community Mental Health Aides. Among their functions will be home-visits, accompanying patients to the clinic and helping patients in contacts with other agencies. Our staff is also serving as mental health consultants to groups who serve children, such as the Head Start Program, and Child Welfare Division of the Department of Social Services.

During the past year there has been no major change in treatment techniques. Although family and group therapy are used, individual psychotherapy continues to be the major treatment modality.

MENTAL RETARDATION PROGRAM

There are serious mental health needs among the retarded, in addition to their usual need for housing, education, vocational and recreation activities. While retarded of all ages are served, mental health needs occur most heavily in the school age children group and the young adult group. Among the children are found withdrawal and learning problems beyond the intellectual impairment, as well as behavior problems. Among the young adults mental health problems are a common cause for their not receiving usual services available to them.

Some families with retarded children are beset with so many social and economic problems that they cannot adequately deal with their retarded children. Casework with these families sometimes permits the retarded individual to do better simply because of an improved environment. The New Careerist Program seems to offer a bright hope for on-the-scene intervention with some of these very disorganized families.

Currently, the needs of the retarded are met through information and referral services to individuals and agencies, counseling, casework and psychotherapy for the retarded or their families and case-centered consultation to the agencies handling retarded clients.

It is hard to predict the future, particularly when there is an overlap in areas of responsibility. It is a moot question which agencies should be responsible in some of the special problem areas involving mental health, education and vocation. However, it would appear most desirable that the community develop a therapeutic workshop situation for young adults in which the main emphasis would be upon mental health, education, solution of social problems, rather than work productivity, with a goal of transfer of clients to more conventional vocational facilities at a later time. It would appear that there is a need for a similar educational facility for retarded children who are emotionally disturbed and unable to function at their capacity. While many such children could be kept in existing school programs with improved mental health consultation, there are many who are really too disruptive and who require a less task-oriented, more tolerant program which should include some kind of active work with their families.

CONSULTATION SERVICES

The need for treatment at a psychiatric facility can be seen as the last step in a long series of inadequately resolved crises for a potential patient. On the way to the final breakdown a patient often has many contacts with care-taking agencies in the community. Reducing the patient's need for psychiatric treatment by timely preventive interactions by the care-taking agencies is the goal of the Consultation Services. Consultations are given with the community, at the agency, and are aimed at helping develop the inter-personal skills of non-mental health professionals and non-professionals so that they can work more effectively with their clients. The difficult work problems associated with clients who are in crisis and who are under multiple stresses are discussed with the staff. Through consultation the issues are more clearly identified and the efforts at helping are frequently more productive. The use of these preventive methods can reduce the ever-increasing number of patients treated at psychiatric facilities.

During the 1967-68 year, consultations to all public and private service agencies were continued and several new ones were initiated. Agencies involved with specialized work with the elderly, with rehabilitation planning for the alcoholic, with group home foster placement for children, and with mentally retarded children were among those at which consultations were initiated. A special effort was made to help in coordinating, on a city-wide basis, the various mental health consultations offered by our teaching institutions, hospital and bureaus, in addition to those offered by the various units of Community Mental Health Services.

A view of the hours of consultations and the number of different consultations that have been given by Community Mental Health Services in recent years can be seen by the following chart.

	Hours Per Year	Agencies Receiving Consultations
1964-65	1,364	30
1965-66	1,560	33
1966-67	1,744	44
1967-68	2,604	52

PSYCHIATRIC CLINIC - JUVENILE COURT

This Clinic has been functionally integrated with Community Mental Health Services since July 1, 1965. On March 1, 1968, it was transferred to the Public Health Department and became an integral member of Community Mental Health Services. It is administered by a psychiatrist, has two additional psychiatric positions; four psychologist positions; and one social work position.

The program consists of direct services comprised of diagnostic evaluation and psychiatric treatment. These services are furnished children and related adults referred by the Court, the Probation staff, Juvenile Hall staff, the Log Cabin Ranch School staff, and the Hidden Valley Ranch School staff.

Indirect services include consultation services to the Judge, Referees, Probation staff, Juvenile Hall staff, Log Cabin Ranch School staff, Hidden Valley Ranch School staff, and agency workers dealing with Court-involved children and related adults (Department of Social Services, Catholic Social Services, Homewood Terrace, School Department personnel, and private agencies). Information and educational services are furnished the Juvenile Court staff, parent-

teachers groups, and professional and non-professional community organizations.

Clinic staff members spend considerable time and effort in expanding mental health services by education -- consultation of Juvenile Court personnel. Probation Officers are furnished on-going supervision in conducting regular group counselling of their probationers. Similar services are received by Counselors in Juvenile Hall who regularly conduct group counseling in detention cottages. Clinic staff members are involved similarly in group counselling sessions with parents whose sons are awaiting placement, or are in placement at Log Cabin Ranch School. Recently Clinic staff members have assisted Probation Officers in conducting monthly group-counseling with foster mothers caring for Court wards.

Clinic staff members work collaboratively with District Mental Health Teams in Court involved cases. Clinic staff members go into the community to work with families of Court involved children in collaboration with Probation Officers and non-professional mental health workers.

The following summarizes representative services in recent years:

Calendar Year	Different People Receiving Services	Diagnostic Evaluations	Ind. Treatment Sessions	Group Counseling Sessions	Case Conferences	Cottage Conferences
1964	1090	1215	887	205	691	153
1965	1312	1296	863	542	847	105
1966	1108	1265	489	486	559	196
1967	1521	1393	296	441	449	241

PSYCHIATRIC RESIDENCY TRAINING PROGRAM

The Psychiatric Residency Training Program, which functions as a division of San Francisco's Community Mental Health Services, has as its objectives:

1. To provide candidates in training with a sound foundation in general clinical psychiatry, and

2. To inculcate them with the specialized attitutes, knowledge and skills useful in the rapidly growing field of community mental health.

To achieve these training objectives candidates receive didactic instruction at Langley Porter Neuropsychiatric Insitute (all candidates are post-graduate Fellows of the University of California Medical Center), at Napa State Hospital, and from psychiatrists in Community Mental Health Services, most of whom hold faculty appointments at the University of California. Basic clinical material is provided through the three-month rotation at Napa State Hospital, and subsequent rotations through various facilities in the Department of Public Health, including:

A. The Psychiatric Inpatient Service at San Francisco General Hospital;
B. The Adult Psychiatric Clinic (which went out of existence as such on July 1, 1968);

[illegible]

C. The Child Psychiatric Clinic;
D. The Center for Special Problems;
E. The Youth Guidance Center:
F. The Neurology Service at San Francisco General Hospital.

Additional clinical experience is available on an elective basis. In all rotations close supervision is provided by experienced psychiatrists.

Not only did the number of residents increase during fiscal year 1967-68, but the program itself was further expanded and refined. A regularly scheduled Case Conference for residents took form, and a series of guest speakers prominent in the behavioral sciences made appearances before all of Community Mental Health Services, but sponsored by the Residency Training Program. This shows how a training program can benefit all of Community Mental Health Services, i.e., by bringing in outside people and by stimulating our regular personnel in thinking about their basic concepts in psychiatry as part of their teaching duties.

It should be mentioned that a secondary but important duty of the Community Mental Health Services training officer is the coordination of all teaching programs in Community Mental Health Services. These are rather extensive and have been operational longer than the Residency Training Program has been. They include:

1. Interns from San Francisco General Hospital rotating through the Department of Psychiatry.

2. Residents from the University of California and Langley Porter Neuropsychiatric Institute, usually in their second year of training, and

3. Residents from Pacific Medical Center.

During medical year 1967-68 a liaison with Mount Zion Hospital and Medical Center was established, and beginning in July 1968, Mount Zion began sending first-year residents for experience in acute psychiatric care. Plans are under way to provide opportunities for instructing interns and residents from other hospitals, by rotating them through our Department of Psychiatry at San Francisco General Hospital. For example, Mendocino State Hospital has proposed a liaison with San Francisco General Hospital, and that proposal is receiving consideration.

This program is funded primarily through the National Institute of Mental Health, a subdivision of the U.S. Department of Health, Education and Welfare.

BUREAU OF ALCOHOLISM

The Bureau of Alcoholism which, currently has a Table of Organization of one Physician Specialist and one Clerk Typist, was placed under the supervision of Community Mental Health Services by the Director of Public Health during this fiscal year. The position of Director which has been vacant was in part filled by the Assistant Program Chief. The Bureau concerned itself

with attempts at coordinating existing agencies now dealing with alcoholism. It also reviewed relationships between the Health Department and agencies supplying services via funds made available under the McAteer Act. These agencies are:

1. The Acute Alcoholism Clinic at Pacific Medical Center.

2. Salvation Army Harbor Lights.

3. Salvation Army, Men's Social Service Center.

4. First Step ARA Recovery House.

5. San Francisco Council on Alcoholism.

Further studies were instituted in an effort to satisfy requests made by the State Department of Rehabilitation and the Division of Alcoholism of the State Department of Public Health, for the City and County of San Francisco to develop its own comprehensive alcoholism program. Particular emphasis was placed upon changing legal and social attitudes toward the chronic alcoholic. A comprehensive plan was developed by the Acting Director of the Bureau and was presented to the Mental Health Advisory Board and to the Advisory Board of the San Francisco Council on Alcoholism. It was accepted by both groups. Methods of implementing these plans are now being explored.

The search for a full-time Director of the Bureau of Alcoholism has now been successfully concluded. The person recruited has had experience in the field and will be assuming his duties on August 5, 1966.

[illegible] PUBLIC AND PRIVATE PSYCHIATRIC SERVICES

	Total All Services	Psychiatric Outpatient Clinics			Psychiatric Inpatient Services			Psychiatric Rehabilitation Facilities		
	Open Cases *	Open Cases*	Person-Intvws.	Avge.per Case	Open Cases*	Days Hosp.	Avge.per Case	Open Cases*	Days Care	Avge. per Case
Public Facilities	15,295	12,211	71,453	5.9	3,084	36,717	11.9	0	0	0
Private Facilities **	4,948	4,363	66,384	15.2	298	7,361	24.7	287	21,800	76.0
Total CMHS Fac lities **	20,243	16,574	137,837	8.3	3,382	44,078	13.0	287	21,800	76.0
Short-Doyle cases only	18,385	14,906	117,645	7.9	3,227	39,968	12.4	252	19,619	77.9

* Inflated figure since no central patient register.
** Includes non Short-Doyle cases of private facilities.

II. COMPARISON OF TOTAL PSYCHIATRIC SERVICES IN FISCAL YEAR 1966-1967 WITH FISCAL YEAR 1967-1968

	No. of Patients Served*				No. of Interviews Provided			
	Public	Private x	Total x	Short-Doyle Only	Public	Private x	Total x	Short-Doyle Only
All CMHS Facilities								
1966-1967	15,943	4,614	20,557	18,925				
1967-1968	15,295	4,948	20,243	18,385				
Change	-4.1%	+7.2%	-1.5%	-2.9%				
All Psychiatric Outpatient Clinics								
1966-1967	12,347	4,189	16,536	15,065	58,051	60,480	118,531	108,614
1967-1968	12,211	4,363	16,574	14,906	71,453	66,384	137,837	117,645
Change	-1.1%	+4.2%	+0.2%	-1.1%	+23.1%	+9.8%	+16.3%	+8.3%
All Psychiatric Inpatient Services					No. of Days Hospitalization Provided			
1966-1967	3,592	283	3,875	3,740	39,566	6,616	46,182	42,256
1967-1968	3,084	298	3,382	3,227	36,717	7,361	44,078	39,968
Change	-14.1%	+5.3%	-12.7%	-13.7%	-7.2%	+11.3%	-4.6%	-5.4%
All Psychiatric Rehabilitation Facilities								
1966-1967	0	142	142	120	0	11,686	11,686	10,399
1967-1968	0	287	287	252	0	21,800	21,800	19,619
Change	-	+102.1%	+102.1%	+52.4%	-	+86.5%	+86.5%	+88.7%

x Includes the non-Short-Doyle cases of the private facilities.

III. COMPARISON OF PSYCHIATRIC OUTPATIENT CLINIC SERVICES IN FISCAL YEAR 1966-67 WITH FISCAL YEAR 1967-68

A. All Psychiatric Outpatient Clinics

	Total All Patients *			Short-Doyle Patients Only		
	Open Cases	Person-Intvws.	Aver. No. of Pers-Intvws Per Case	Open Cases	Person-Intvws.	Aver. No. of Pers-Intvws Per Case
1966-1967	16,540	118,531	7.2	15,065	108,614	7.2
1967-1968	16,574	137,837	8.3	14,906	117,645	7.
Change	+0.2%	+16.3%	+15.3%	-1.1%	+8.3%	+9.7%

B. Public Psychiatric Clinics

	Total These Outpatient Clinics	M R Program	Juvenile Court	Adult Psych. Clinic	Child Psych. Clinic	Psych. Aid & Refer. Center	Alcoh. Scrng Proj.	Center Spec. Probs.	CSP Jail Clinic
1. Number of Open Cases									
1966-1967	12,346	85	941	928**	1,523	2,652	1,960	3,097	1,160
1967-1968	12,211	250	999	878	1,546	2,487	768	3,849	1,434
Change	-1.1%	+194.1%	+6.2%	-5.4%	+1.5%	-6.2%	-60.8%	+24.3%	+23.6%
2. Number of Person-Interviews Provided									
1966-1967	58,051	666	1,651	10,903**	7,097	7,339	4,878	21,287	4,230
1967-1968	71,453	2,208	2,015	12,052	9,131	10,778	3,599	25,653	6,017
Change	+23.1%	+234.5%	+22.0%	+10.5%	+28.7%	+46.9%	-26.2%	+20.5%	+42.2%
3. Average Number of Interviews Provided Per Case									
1966-1967	4.7	7.8	1.8	11.7	4.7	2.8	2.5	6.9	3.6
1967-1968	5.9	8.8	2.0	13.7	5.9	4.3	4.7	6.7	4.2
Change	+25.5%	+12.8%	+11.1%	+17.1%	+25.5%	+53.6%	+88.0%	-2.9%	+16.7%

* Includes non-Short-Doyle cases of private facilities.

** Includes patients served by the two Health District psychiatric teams.

C. Private Psychiatric Clinics

	Total Outpatient Clinics	Child. Hosp.	McAuley Psych. Clinic	St. Francis Psychiatric Clinic	Presby. Psych. Clinic	Mt. Zion Psych. Clinic
			1. Number of Short-Doyle Open Cases			
1966-1967	2,714	530	690	225	178	1,091
1967-1968	2,695	560	693	228	178	1,036
Change	-0.7%	+5.7%	+0.4%	+1.3%	0%	-5.0%
			2. Number of Short-Doyle Person-Interviews Provided			
1966-1967	50,563	10,837	10,774	4,459	5,753	18,740
1967-1968	46,192	10,936	11,983	4,037	3,177	16,059
Change	-8.6%	+0.9%	+11.2%	-9.5%	-44.8%	-14.3%
			3. Average Number of Interviews Provided Per Case			
1966-1967	18.6	20.4	15.6	19.8	32.3	17.2
1967-1968	17.1	19.5	17.3	17.7	17.8	15.5
Change	-8.1%	-4.4%	+10.9%	-10.6%	-45.2%	-9.9%

	A. All Facilities *	B. Public Facility	C. Private Facility *
	Total Inpatient Services	San Francisco General Hospital Psychiatric Wards	McAuley NPI Children's Ward
1. Number of patients served			
1966-1967	3,740	3,592	148
1967-1968	3,227	3,084	143
Change	-13.7%	-14.1%	-3.4%
2. Number of days hospitalization provided			
1966-1967	42,256	39,566	2,690
1967-1968	39,968	36,717	3,251
Change	-5.4%	-7.2%	+20.9%
3. Average No. of days hospitalization per patient			
1966-1967	11.3	11.0	18.2
1967-1968	12.4	11.9	22.7
Change	+9.7%	+8.2%	+24.7%

V. COMPARISON OF PSYCHIATRIC REHABILITATION SERVICES IN FISCAL YEAR 1966-1967 WITH FISCAL YEAR 1967-1968

	Total Rehabilitation Services *	Psychiatric Day Center *	Conard House *
1. Number of patients served			
1966-1967	120	65	55
1967-1968	119	64	55
Change	-0.8%	-1.5%	0%
2. Number of Days care provided			
1966-1967	10,399	4,021	6,378
1967-1968	11,670.5	4,124.5	7,546
Change	+11.7%	+2.6%	+18.3%
3. Average No. of days care per patient			
1966-1967	90.8	61.9	116.0
1967-1968	98.1	64.4	137.2
Change	+8.0%	+4.0%	+18.3%

* Short-Doyle cases only.

FIGURE 8
SAN FRANCISCO ADMISSIONS TO CALIFORNIA STATE HOSPITALS
FROM JULY 1965 TO JUNE 1968

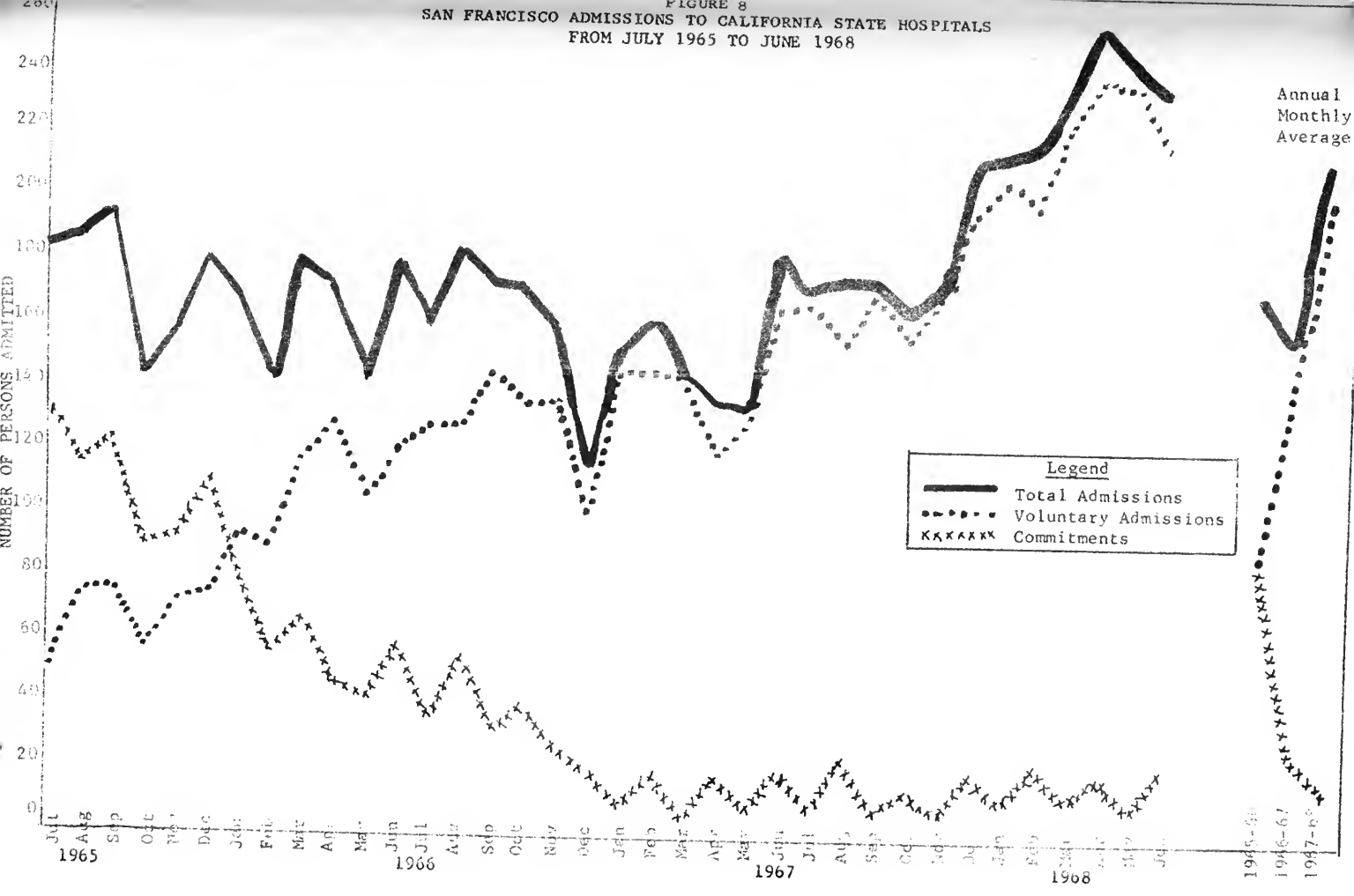
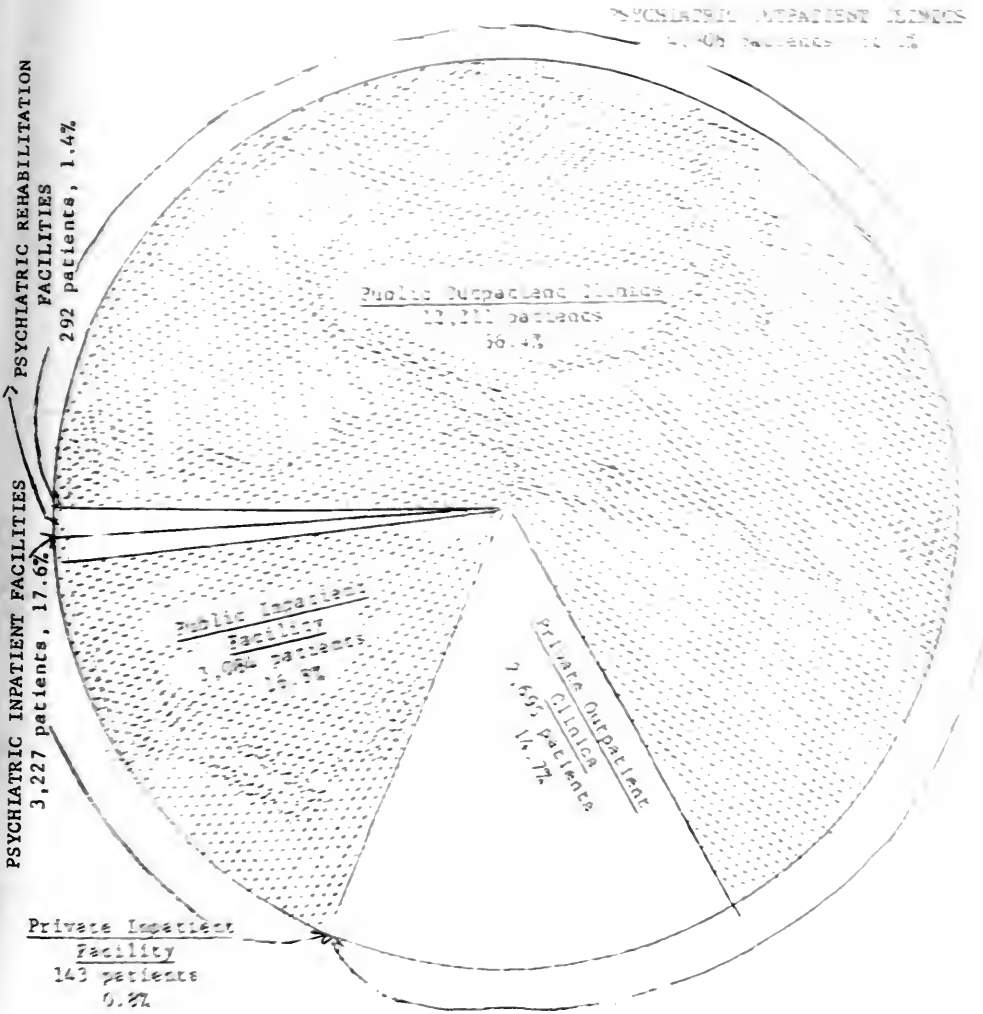


FIGURE [illegible]

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
18,385* SHORT-DOYLE PATIENTS SERVED
IN ALL PUBLIC AND PRIVATE LMHS PSYCHIATRIC FACILITIES
FROM JULY [illegible] 1967 THROUGH JUNE [illegible], 1968

= Public facilities
15,295 patients 83.2%

= Private facilities
3,090 patients 16.8%



*Since there is no central patient register, this figure is inflated by an unknow number of patients who are served in more than one facility during the year.

FIGURE 1

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES

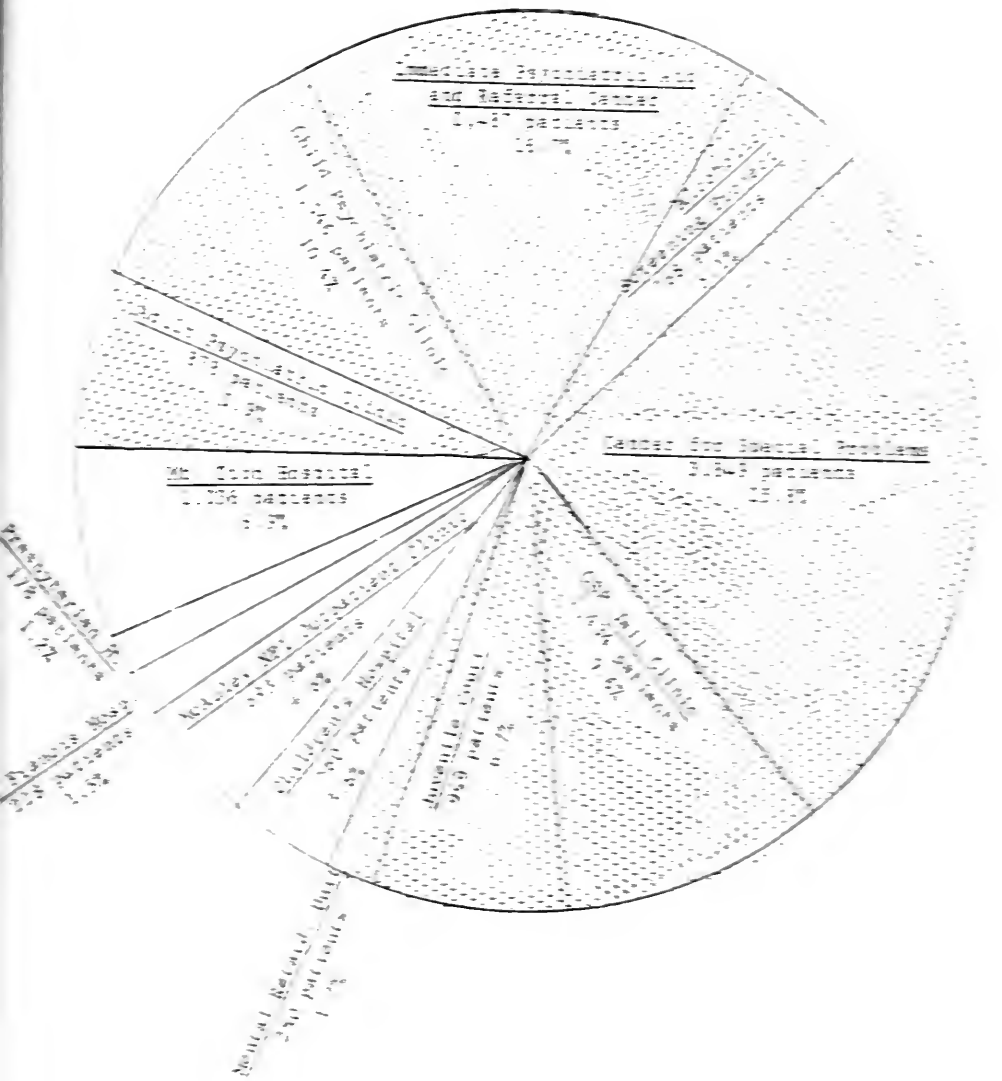
14,906 SECRET-DOYLE CASES GIVEN SERVICE

IN PUBLIC AND PRIVATE PSYCHIATRIC OUTPATIENT CLINICS

FROM JULY 1, 1967 THROUGH JUNE 30, 1968

= Public facilities
14,[illegible] patients 81.9%

= Private facilities
1,695 patients 18.1%



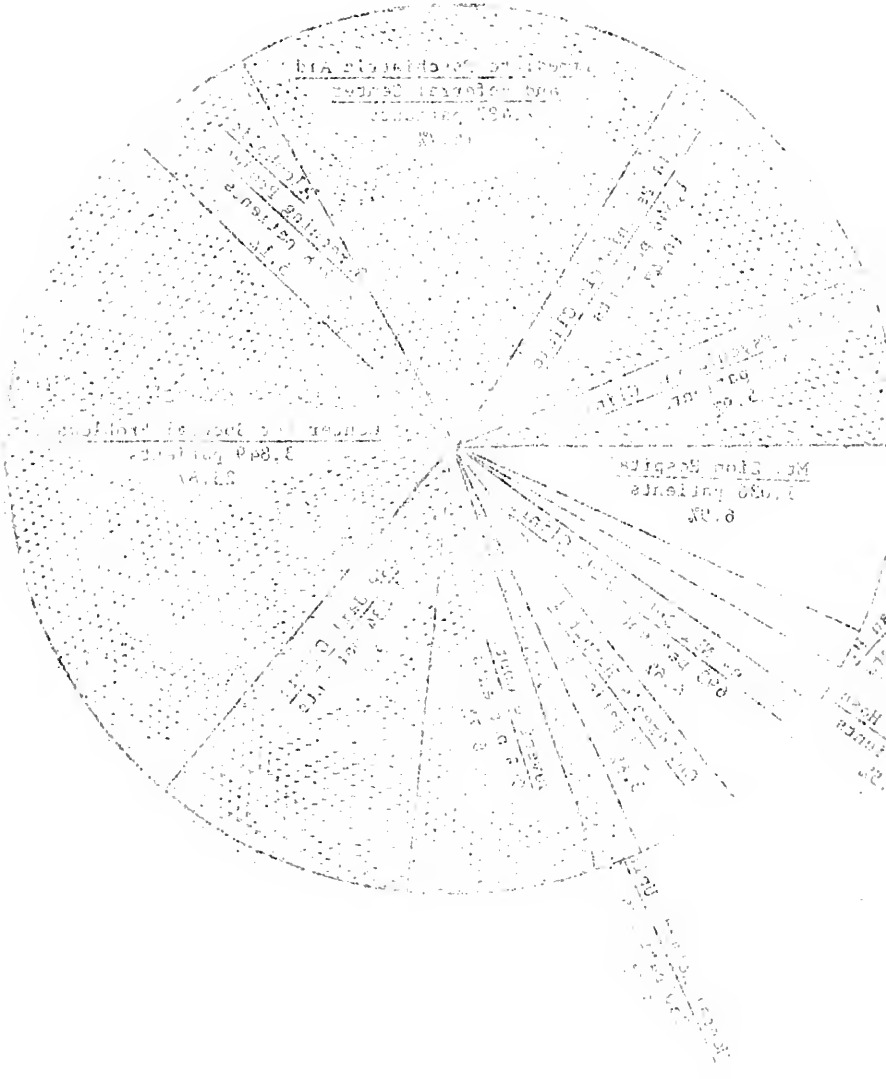


FIGURE 3
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
117,645 PERSON-INTERVIEWS PROVIDED 14,906 SHORT-DOYLE CASES
IN PUBLIC AND PRIVATE PSYCHIATRIC OUTPATIENT CLINICS
FROM JULY 1, 1967 THROUGH JUNE 30, 1968

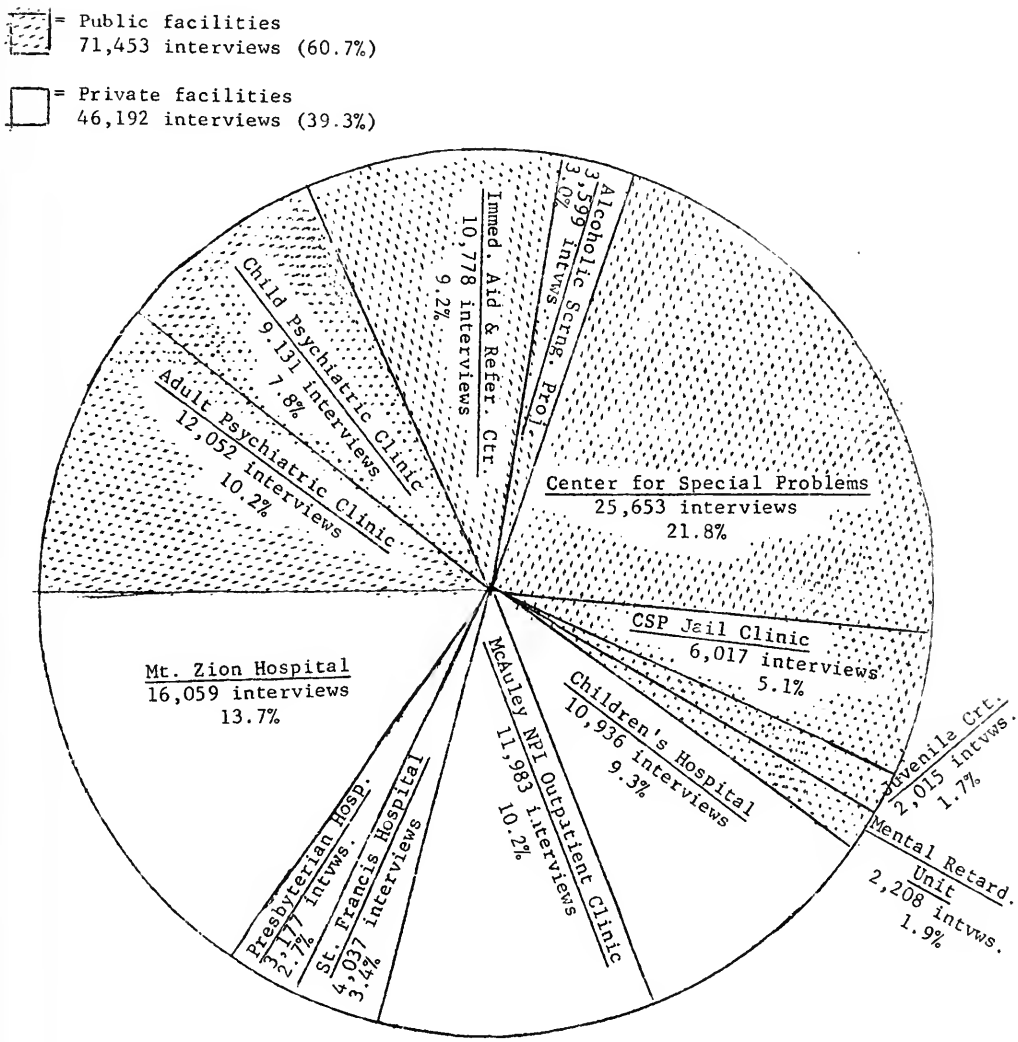


FIGURE 4
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
3,227 SHORT-DOYLE PATIENTS SERVED
IN PUBLIC AND PRIVATE PSYCHIATRIC INPATIENT FACILITIES
FROM JULY 1, 1967 THROUGH JUNE 30, 1968

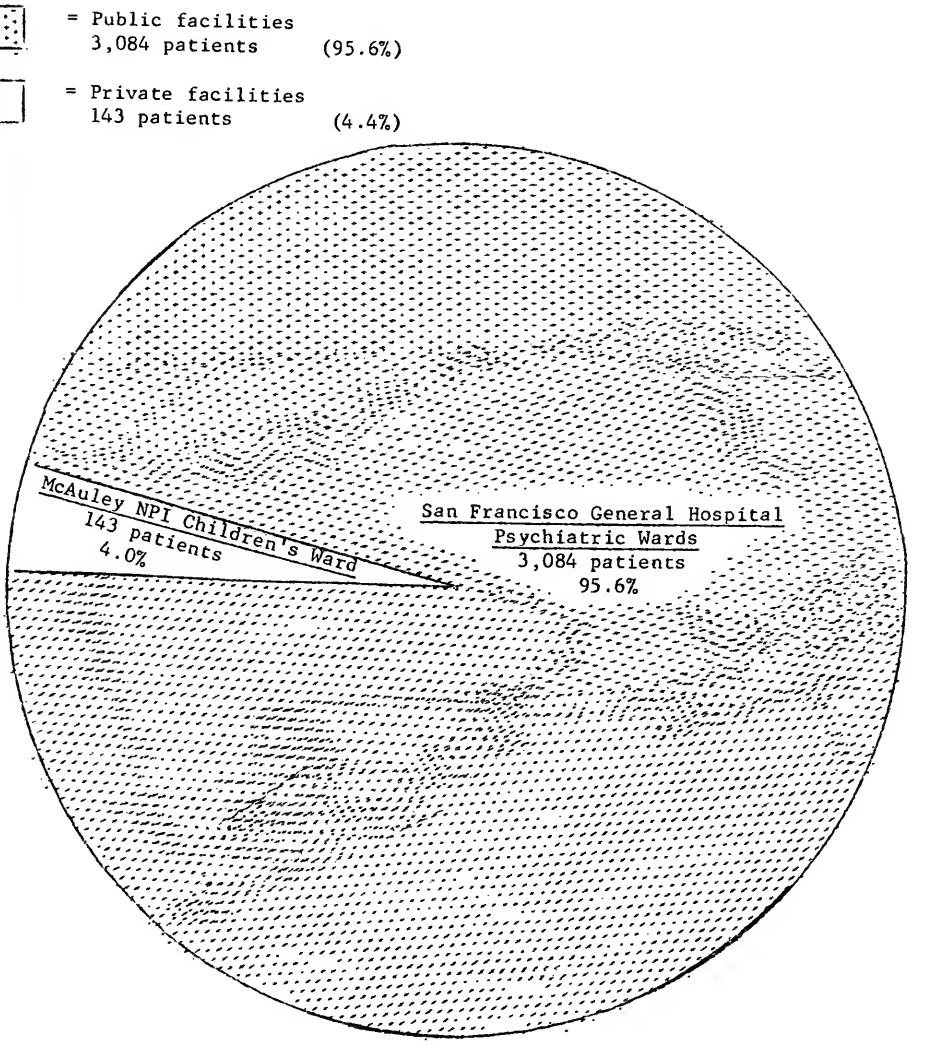


FIGURE 5
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES
39,968 DAYS HOSPITALIZATION PROVIDED 3,227 SHORT-DOYLE PATIENTS
IN PUBLIC AND PRIVATE PSYCHIATRIC INPATIENT FACILITIES

= Public facilities
36,717 days hospitalization (91.9%)

= Private facilities
3,251 days hospitalization (8.1%)

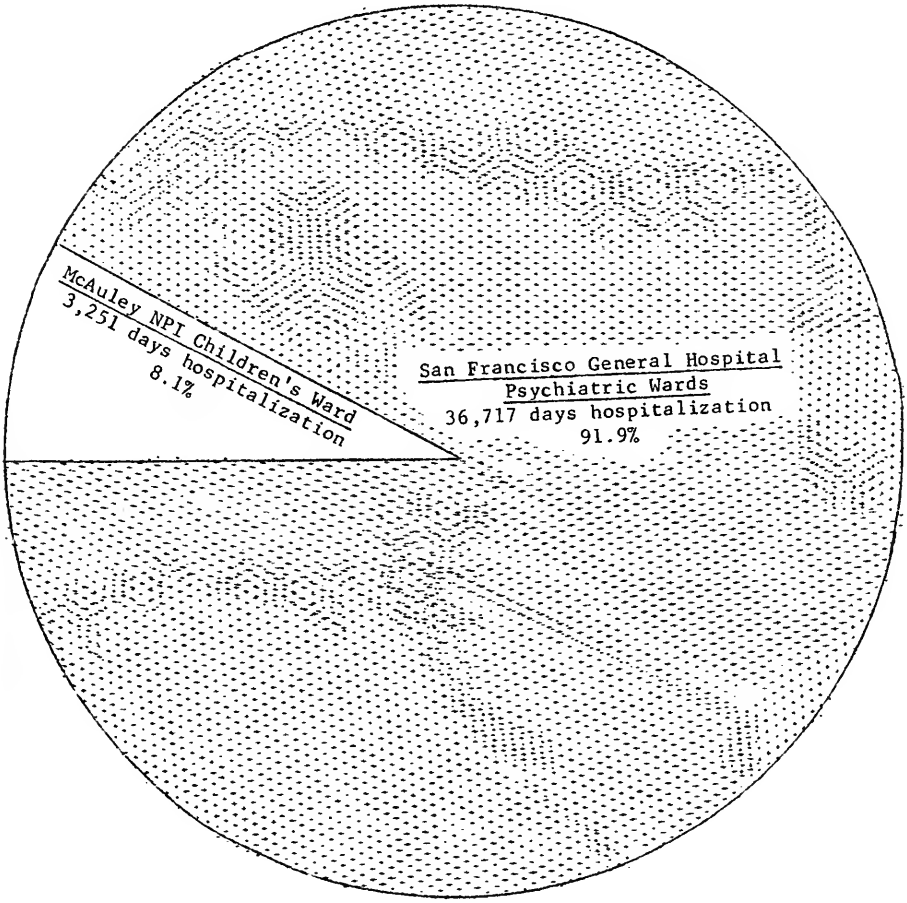


FIGURE 6

PERCENT INCREASE OR DECREASE IN NUMBER OF SHORT-DOYLE PATIENTS SERVED IN SFCMHS PSYCHIATRIC OUTPATIENT CLINICS IN FISCAL YEAR 1967-1968 AS COMPARED WITH FISCAL YEAR 1966-1967

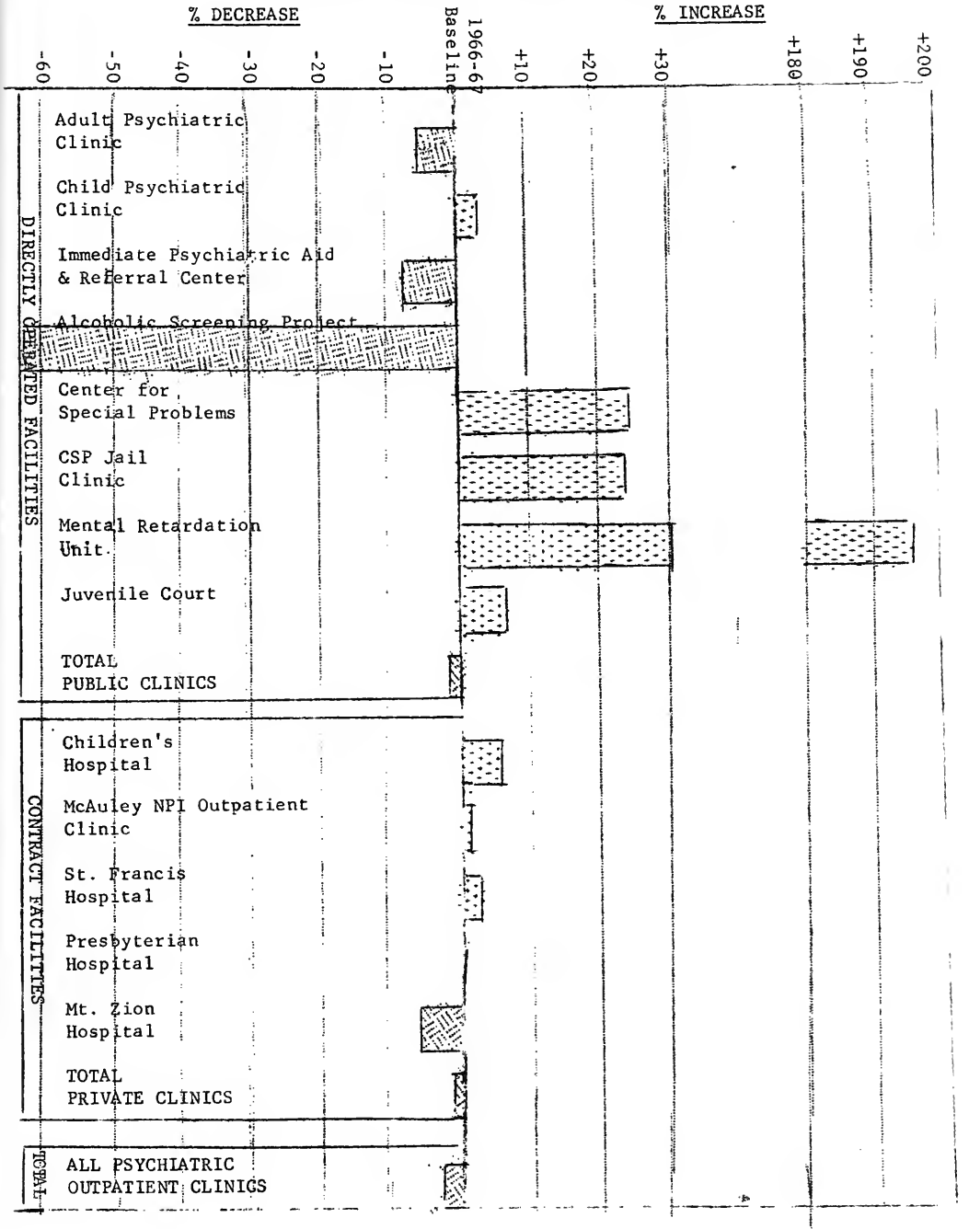
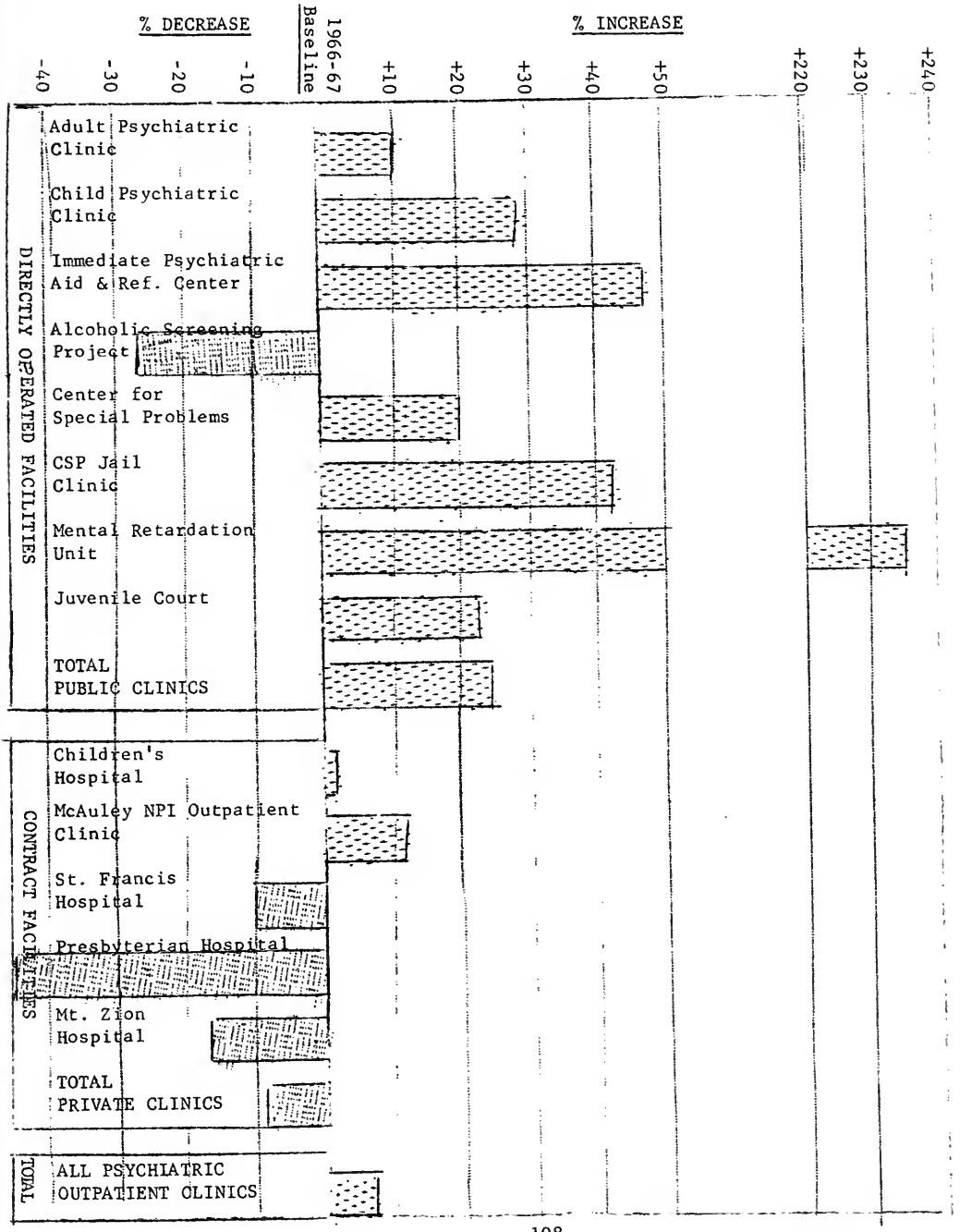


FIGURE 7

PERCENT INCREASE OR DECREASE IN NUMBER OF INTERVIEWS PROVIDED SHORT-DOYLE PATIENTS IN SFCMHS PSYCHIATRIC OUTPATIENT FACILITIES IN FISCAL YEAR 1967-1968 AS COMPARED WITH FISCAL YEAR 1966-1967



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Accounting					
7.511.200.000	$ 55	$	$ 55	$ 45	$ 10
7.315.218.511	60	20	80	72	8
7.314.225.511	3587		3587	1474	2113
7.511.300.000	425		425	421	4
7.511.400.000	440		440	228	212
7.511.994.000		16892	16892	4155	12737
Administration					
7.513.200.000	54975	(1415)	53560	48749	4811
7.312.216.513	2100	365	2465	2015	450
7.315.218.513	1150		1150	1000	150
7.313.224.513	2000	2400	4400	4099	301
7.314.225.513	450		450	15	435
7.695.231.513	7619		7619	7619	
7.315.232.513	38942		38942	35740	3202
7.315.237.513	748	120	868	868	
7.513.267.000	100000	(91300)	8700		8700
7.513.267.001	15000	(5000)	10000	3690	6310
7.513.267.002		3000	3000	2661	339
7.513.267.003	25000		25000	14684	10316
7.513.267.004	7500	7500	15000	15000	
7.513.267.011		6500	6500	4058	2442
7.513.267.012		50	50		50
7.513.267.013		15000	15000	7548	7452
7.513.267.014		28000	28000	24540	3460
7.513.267.015		10000	10000	6112	3888
7.513.267.016		16000	16000	12068	3932
7.513.300.000	4900		4900	4757	143
7.513.365.000	1200		1200	46	1154
7.513.368.000	3500		3500	2349	1151
7.513.400.000	5670		5670	5164	506
7.513.800.000	30706	6045	36751	31053	5698
7.513.994.000		5514	5514	4779	735
7.513.999.815		2460	2460	2460	
Alcoholism					
7.515.203.000	200		200		200
7.515.300.000	500		500	32	468
7.515.999.000		82572	82572	70550	12022

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Microbiological Laboratory					
7.517.200.000	285		285	197	88
7.315.218.517	30		30	6	24
7.517.300.000	1525	900	2425	2408	17
7.517.365.000	7000	1000	8000	7779	221
7.517.368.000	8700	(1700)	7000	6974	26
7.517.400.000	1080		1080	891	189
Chemical Laboratory					
7.519.200.000	315		315	238	77
7.315.218.519	30		30	16	14
7.519.300.000	200	200	400	384	16
7.519.365.000	890		890	631	259
7.519.368.000	425		425	391	34
Maternal and Child Health					
7.521.200.000	805		805	768	37
7.521.203.000	400		400	399	1
7.315.218.521	60		60	57	3
7.521.267.000	623056		623056	287099	335957
7.521.300.000	2200	350	2550	2301	249
7.521.367.000	1950		1950	1065	885
7.521.400.000	1088		1088	737	351
7.521.999.000		24509	24509	23867	642
Medical Rejectee					
7.522.999.000		330	330	41	289
Disease Control					
7.525.200.000	3050		3050	3017	33
7.525.200.010	1400		1400	1390	10
7.525.203.000	250		250	124	126
7.312.216.525.010	150		150	117	33
7.315.218.525	50		50	28	22
7.315.240.525	102		102	90	12
7.525.300.000	1620		1620	1509	111
7.525.300.010	1430		1430	1339	91
7.525.365.000	50		50	42	8
7.525.365.010	1200		1200	796	404
7.525.368.000	500		500	399	101
7.525.400.010	2100		2100	1892	208
7.525.999.000		640	640	607	33

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Cancer Detection Project					
7.526.999.000	$	$ 10000	$ 10000	$ 10000	$
Milk Inspection					
7.527.200.000	3845		3845	3541	304
7.312.216.527	3900		3900	3899	1
7.315.218.527	25		25	24	1
7.527.300.000	6350	250	6600	6017	583
7.527.365.000	200	50	250	243	7
7.527.400.000	7440	(600)	6840	5896	944
Dental Bureau					
7.529.200.000	410		410	246	164
7.529.203.000	630		630	594	36
7.529.300.000	545		545		545
7.529.365.000	2500	600	3100	2989	111
7.529.368.000	1420		1420	1374	46
7.529.400.000	1095		1095	859	236
Food and Sanitary Inspection					
7.531.200.000	3616		3616	3105	511
7.531.203.000	7080		7080	7076	4
7.312.216.531	1600		1600	1579	21
7.315.218.531	50		50	40	10
7.315.240.531	102		102	90	12
7.531.300.000	4549	250	4799	4584	215
7.531.365.000	180		180	90	90
7.531.400.000	5850		5850	5587	263

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Health Centers					
7.535.200.000	$ 4307	$ (295)	4012	3689	323
7.535.203.000	10000	1500	11500	11015	485
7.312.216.535	650	260	910	909	1
7.315.218.535	200		200	190	10
7.311.237.535	1600		1600	1508	92
7.535.300.000	9850	1000	10850	10447	403
7.535.365.000	6500		6500	5717	783
7.535.368.000	22000	1400	23400	22862	538
7.535.400.000	1618		1618	1415	203
7.245.880.535	6360		6360	4400	1960
7.535.999.000		62916	62916	58166	4750
7.535.999.001		8500	8500	6536	1964
Health Education					
7.537.200.000	408	245	653	564	89
7.315.218.537	25		25	19	6
7.537.300.000	3245	(245)	3000	3000	
7.537.400.000	410		410	390	20
Nursing					
7.539.200.000	8590	(8025)	565	259	306
7.539.200.001		8000	8000	5334	2666
7.539.203.000	300		300	150	150
7.312.216.539	100		100	100	
7.315.218.539	50	25	75	71	4
7.695.231.539		12808	12808	12808	
7.539.300.000	1575		1575	1510	65
7.539.365.000	250		250	190	60
7.539.389.000	12382	(3283)	9099	2013	7086
Statistics					
7.541.200.000	5218	600	5818	5602	216
7.315.218.541	175		175	109	66
7.314.225.541	4400		4400	3258	1142
7.541.300.000	3775		3775	3430	345
7.541.400.000	676		676	569	107

DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Tuberculosis Control					
7.543.200.000	$ 1909	$ 600	$ 2509	$ 2008	$ 501
7.543.203.000	350		350	174	176
7.315.218.543	50		50	49	1
7.543.300.000	800		800	800	
7.543.365.000	300		300	286	14
7.543.367.000	12020	(700)	11320	11320	
7.543.368.000	3625	100	3725	3616	109
7.543.400.000	1020		1020	699	321
7.543.999.000		30998	30998	22632	8366
7.543.999.001		8100	8100	8091	9
Venereal Disease Control					
7.545.200.000	969		969	920	49
7.545.203.000	300		300	260	40
7.315.218.545	50		50	45	5
7.695.231.545		1212	1212	1212	
7.315.237.545	202	32	234	234	
7.315.240.545	107	10	117	117	
7.545.300.000	2613	950	3563	3540	23
7.545.365.000	1800	650	2450	2273	177
7.545.368.000	3700	3200	6900	6636	264
7.545.400.000		5015	5015	4760	255
7.545.800.000	100		100	25	75
7.245.880.545	3600		3600	3600	
7.545.999.000		6785	6785	6437	348
TOTAL CENTRAL OFFICE	$ 1158234	$ 283860	$ 1442094	$ 969447	$ 472647

[illegible]

Account Number	1[illegible]-[illegible]-[illegible] Project Number	Allocation	1[illegible]-[illegible] Allocation	Disposed and Unexpended	Del Sec
Tuberc[illegible] Control					
7.[illegible]	[illegible]	[illegible]	[illegible]	$ [illegible]	$ [illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Venereal Disease Control					
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]		[illegible]	[illegible]	[illegible]	
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Grand Total	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]	$ [illegible]

DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
7.551.200.000	$ 875	$	$ 875	$ 561	$ 314
7.551.203.000	100		100	28	22
7.312.216.551	16375	400	16775	15361	1414
7.315.218.551	60		60	18	42
7.314.225.551	400		400	292	108
7.695.231.551		4033	4033	4033	
7.315.232.551	5700		5700	5698	2
7.555.236.551	6000		6000	6000	
7.315.237.551	1062	170	1232	1232	
7.315.240.551	102		102	90	12
7.551.300.000	10118	714	10832	10343	489
7.551.365.000	8800	250	9050	8892	158
7.557.368.551	3300	(364)	2936	2936	
7.551.383.000	3300	(600)	2700	2687	13
7.551.389.000	1200		1200	1030	170
7.551.400.000	12855		12855	12432	423
TOTAL EMERGENCY HOSPITALS	$ 70247	$ 4603	$ 74850	$ 71633	$ 3217

DEPARTMENT OF PUBLIC HEALTH - HASSLER HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
7.553.200.000	$ 71324	$ (6000)	$ 65324	$ 64351	$ 973
7.553.200.001		1595	1595	1595	
7.553.203.000	200	120	320	320	
7.312.216.553	2000		2000	1882	118
7.315.218.553	160	200	360	360	
7.695.231.553		23850	23850	23850	
7.315.232.553	4800		4800	4800	
7.553.300.000	17400	9500	26900	26138	762
7.553.365.000	9000	8200	17200	16183	1017
7.553.367.000	1600	(120)	1480	1364	116
7.553.368.000	22500	(3500)	19000	18926	74
7.553.383.000	13000	10400	23400	22555	845
7.553.389.000	86714	(11316)	75398	70528	4870
7.555.390.553	26286	(5733)	20553	20553	
7.553.400.000	19633	800	20433	19815	618
7.553.800.000	4115	16	4131	4126	5
TOTAL HASSLER HOSPITAL	$ 278732	$ 28012	$ 306744	$ 297346	$ 9398

DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
7.555.200.000	$ 25998	$ (810)	$ 25188	$ 20625	$ 4563
7.312.216.555	1915	900	2815	2547	268
7.315.218.555	400	600	1000	968	32
7.314.225.555	900		900	520	380
7.695.231.555		118906	118906	118906	
7.315.232.555	13500		13500	13500	
7.315.237.555	2800	510	3310	3219	91
7.315.240.555	96		96	90	6
7.555.300.000	104025	(1200)	102825	102403	422
7.555.365.000	78000		78000	74493	3507
7.555.367.000	6000		6000	4994	1006
7.555.368.000	145500	7000	152500	141211	11289
7.555.383.000	120000		120000	118791	1209
7.555.389.000	455000	(7000)	448000	401350	46650
7.555.390.555	182000	(5866)	176134	176134	
7.555.400.000	106275		106275	99174	7101
TOTAL LAGUNA HONDA HOSPITAL	$ 1242409	$ 113040	$ 1355449	$ 1278925	$ 76524

DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
7.557.200.000	$ 193920	$ 29500	$ 223420	$ 211417	$ 12003
7.557.203.000	50		50	8	42
7.312.216.557	750		750	515	235
7.315.218.557	1800	502	2302	1513	789
7.314.225.557	3500		3500	2389	1111
7.695.231.557		128826	128826	128826	
7.315.232.557	59000		59000	59000	
7.315.237.557	5971	400	6371	6371	
7.315.240.557	90		90	90	
7.557.267.001		1165575	1165575	1165575	
7.557.300.000	170762	2477	173239	167400	5839
7.557.365.000	280000	43467	323467	315091	8376
7.557.367.000	76000	30000	106000	104280	1720
7.557.368.000	458000	106795	564795	545253	19542
7.557.368.001	50000	65000	115000	90648	24352
7.557.383.000	93000	(820)	92180	88648	3532
7.557.389.000	373500	820	374320	364903	9417
7.555.390.557	94000	15128	109128	109124	4
7.557.400.000	239000	(2467)	236533	222834	13699
7.557.476.000	5000	200	5200	5061	139
TOTAL SAN FRANCISCO GENERAL HOSPITAL	$ 2104343	$ 1585403	$ 3689746	$ 3588946	$ 100800

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Administration					
7.561.200.000	$ 60350	$ (835)	$ 59515	$ 53203	$ 6312
7.561.203.000	300		300	196	104
7.315.216.561	150	100	250	250	
7.315.218.561	50	300	350	224	126
7.561.267.000	567000		567000	559716	16284
7.561.300.000	2050	(7)	2043	1925	118
7.561.400.000	594	7	601	601	
7.561.800.000	175		175		175
7.561.999.001		3018	3018	2045	973
7.562.999.000		10000	10000	7652	2348
Center for Special Problems					
7.563.200.000	3700	(900)	2800	1322	1478
7.563.203.000	900	900	1800	1665	135
7.315.218.563	80		80	37	43
7.563.300.000	2345	(100)	2245	1883	362
7.563.365.000	454		454	195	259
7.563.368.000	20000		20000	19668	332
7.563.400.000	860		860	681	179
7.563.800.000	75		75	75	
7.245.880.563	16800		16800	16800	
Child Psychiatric Clinic					
7.565.200.000	150		150	139	11
7.565.200.010	13200	360	13560	13463	97
7.565.203.000	300		300	261	39
7.565.203.010	900		900	434	466
7.315.232.565.010	576	665	1241	1241	
7.315.218.565	30		30		30
7.565.267.010	50000		50000	50000	
7.565.300.000	875		875	862	13
7.565.300.010	1000		1000	706	294
7.565.368.000	300		300		300
7.565.400.000	2072	1930	4002	3576	426
7.245.880.565	18600	(360)	18240	15600	2640
7.245.880.565.010	5000		5000	4810	190
7.565.800.000	100		100		100

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1967-68 Budget Allowance	Adjust-ments	1967-68 Adjusted Allowance	Expended and Encumbered	Balance
Institutional Services					
Administration					
7.567.200.000	$ 45	$ 15	$ 60	$ 60	$
7.312.216.567	200	100	300	300	
7.315.218.567	60		60	55	5
7.315.240.567	90		90	90	
7.567.300.000	1450		1450	1284	166
7.567.400.000	520		520	475	45
Psychiatric In-Patient					
7.567.200.010	625	750	1375	1158	217
7.567.365.010	10720	(600)	10120	9995	125
7.567.365.010	4000		4000	4000	
7.567.368.010	30000		30000	30000	
7.567.389.010	50000		50000	50000	
7.567.400.010	7398	750	8148	8127	21
Adult Psychiatric Clinic & Referral Center					
7.567.200.020	175		175	105	70
7.567.203.020	150		150		150
7.567.300.020	800	(100)	700	659	41
7.567.368.020	20000		20000	20000	
7.567.400.020		230	230	220	10
IMPAC					
7.567.200.030	200	(150)	50		50
7.567.203.030	150		150		150
7.315.218.567.030	75		75	39	36
7.567.368.030	5000	(1695)	3305	3305	
District Psychiatric Team					
7.567.368.040	400		400	400	
TOTAL COMMUNITY MENTAL HEALTH SERVICES	$ 910044	$ 14378	$ 924422	$ 889502	$ 34920

[illegible] ACCOUNTS

Account Number	1987-88 Budget Allocation	Actual Expenditure	Balance Available	Expenditure and Projection
[illegible]				
[illegible]				
.567.[illegible]	[illegible]	[illegible]	30	5 [illegible]
.512.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
.515.[illegible]	[illegible]		[illegible]	[illegible]
.315.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
[illegible]				
.567.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
.567.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]	[illegible]	[illegible]	2 [illegible]
[illegible]				
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]				
.567.[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]		[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]
.567.[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]				
.567.[illegible]	[illegible]		[illegible]	

TOTAL [illegible]
FRAIN SERVICES

DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1967-68

Revenue Account Number	Source	Budget Estimate	*Actual Receipts
3103	Public Eating Places	$ 170000	$ 170320
4501	Penalties	2000	1400
6538	Salary Refund (Federal)	18000	17439
6540	Special Public Health Assistance Funds	170000	169120
6760	Crippled Children's Service (State)	332358	264202
6786	Mental Health Services (State)	2250000	2547575
7502	Milk Inspection	155000	147525
7526	Food Vehicle Permits	400	700
7527	Poultry Dealers	1000	432
7528	Salvaged Dealers	50	-
7543	Fumigation Inspection	200	338
7544A	Laundry Renewals	2500	4327
7544B	Laundry Openings	1000	717
7549	Refuse Collectors	700	2465
7562	Massage Parlors	150	-
7581	Birth Certificates	45000	57555
7582	Death Certificates	75000	80618
7583	Removal Permits	10000	9455
7590	Burial Refunds	10000	20639
7590	Travel Certificates	10000	14098
7590	Filing Fees	9700	3569
7590	Miscellaneous Revenues	300	90
7625	Center for Special Problems	6000	8011
7626	Halline Clinic	9000	8611
7660	Crippled Children's Services (Parents)	14000	15255
7669	Sheriff's Transportation	1000	1565
7686	Child Psychiatric Clinic (Parents)	1000	806
	Total Central Office	$ 3294358	$ 3546832

*Includes Accounts Receivable as well as fees received.

INSTITUTIONS

Revenue Account Number	Source	Budget Estimate	*Actual Receipts
	Hassler Hospital		
7600	Uncompensated Cost	$ 71000	$ 71236
7631	Care of Patients	114156	171069
7632	Meals - Miscellaneous	3000	5274
7631A	Care of Patients - Medicare	95040	81361
7631B	Care of Patients - Medi-Cal	1412667	1424683
	Total Hassler Hospital	$ 1695863	$ 1753623
	Laguna Honda Hospital		
7600	Uncompensated Cost	$ 1300000	$ 1320731
7611	Care of Patients	597366	1207989
7611A	Care of Patients - Medicare	495000	454432
7611B	Care of Patients - Medi-Cal	7796343	7296388
7619	Meal Tickets - Miscellaneous	5000	7131
	Total Laguna Honda Hospital	$ 10193709	$10286671
	San Francisco General Hospital		
6539	Tuberculosis Subsidy	64000	142736
7601A	Care of Patients	800000	1403224
7601B	Care of Patients - P.O.	75000	118691
7600	Uncompensated Cost	6388618	7466811
7601D	Care of Patients - O.P.C.	2000	2632
7601E	Care of Patients - T.B.	95000	177087
7602	Sale of Meal Tickets	10000	13279
7604	Care of Compensation Cases	100000	139908
7606	Care of Patients - Medi-Cal	3858637	4337610
7609	Miscellaneous	5000	4386
7601F	Care of Patients - Medicare	1660617	2265268
	Total San Francisco General Hospital	$ 13058872	$ 16071632
	TOTAL INSTITUTIONS	$ 24948444	$ 28111926
	TOTAL DEPARTMENT OF PUBLIC HEALTH	$ 28242802	$ 31658758

*Includes Accounts Receivable as well as fees received.